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Special Instructions to 1	Hilling Officer:	

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

. Fortaleza l SUBJECT:	Real Estate U.C			
SOBJECT:	Name of Lim	ited Liability Company		
		and the second		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Luz Stella Benavides Zaml	orano		
	Idle.	Name of Person	<del> </del>	
		Firm/Company		
	430 nw 214 street apt 102 l	building 19		
		Address		22 22
	Miami Gardens, Florida 33	169		22 AUC 28 AMII: IL
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		90 00
	Luzestelabenavides@gmail.	com .		<u>a&gt;</u> ≟
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	concerning this matter, please ca	ail:		<b>-</b>
Luz Stella Benavides Za	mbrano	786 326-5851		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55:00 Filing Fee & □ \$60.00 Filing  Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy				
Mailing Addres Registration 9		Street Address; Registration Sec	tion	
Division of C		Division of Corp		
P.O. Boy 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	<del></del>
were filed on August 03, 2022	and assigned
pility company here:	
ility Company," the designation "LLC" or the abb	reviation "L.L.C."
430 nw 214 street apt 102 building 19	
Miami Gardens, Florida 33169	N
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430 nw 214 street apt 102 building 19	86.4
430 nw 214 street apt 102 building 19	<u>₽</u> 20
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address on our records, <u>enter the name</u>	of the new regis
Enter Florida street address	<del></del>
- Klorida	
- i	bility company here:  ility Company," the designation "LLC" or the abb 430 nw 214 street apt 102 building 19 Miami Gardens, Florida 33169  430 nw 214 street apt 102 building 19

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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ective date, if other than the effective date is listed, the date mu	st be specific a	nd cannot be pri-				g.) Pursuant to 60	
te: If the date inserted in this b nument's effective date on the E				y filing require	ments, this dat	e will not be li	sted a
cord specifies a delayed effectives filed.	ve date, but no	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b) T	he 90th day afi	er the
ed August 26		2022					
	<u> </u>	<del>- 1/i</del> ·	<u>-</u>				

Typed or printed name of signee