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## COVER LETTER

TO: Registration Sec Division of Corp					
Landesa Rea	dty LLC				
SUBJECT:	Name of Linus	led Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
	ndence concerning this matter t				
	Diana Sanchez Castro				
	-	Name of Person		<b>.</b>	
	Landesa Realty LLC			7023 SECT	
		Firm Company		\$	
	8011 Mocan Ct			- T	. [
		Address		E. ,	O
	Melbourne FL 32940		_		
		City State and Zip Code		:>	
	justcalldianascia gmail.com				
		to be used for future annual report notifi-	cation)		
For further information c	oncerning this matter, please of	all:			
Diana Sanchez Castro		912 436-5077			
Name c	t Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified	te of Status &	
Mailing Addre Registration Division of C	Section Torporations	Street Address: Registration Sec Division of Corp The Centre of T	porations		
P.O. Box 63 Tallahassee,		2415 N. Monro		310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Landesa Realty LLC.		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records. lability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on 8:28:22	and assigned
orida document number 1.22000379906		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ie new name must be distinguishable and contain the words "Eimited Liabili	ny Company," the designation "I I.C"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		50 3
rincipal office address MUST BE A STREET ADDRESS)		
		ر ا ا بر
nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE BOX)		<u> </u>
quing address BLAT BE AT OST OFFICE BOX		تَّهُ
	.,	
. If amending the registered agent and/or registered office a <u>gent and/or the new registered office address here</u> :	ddress on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida sireet address	
	Flo	rida
	City	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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

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If amending any other information, enter change(s) here: (Attach additional sheets, if nece:	ssary.)
	<del></del>
	<del></del>
Effective date, if other than the date of filing:  (tf an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	onal) filmg.) Pursuant to 605,0207 s date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	
ord is filed.	SEL ALL
Dated Danuary 23, 2023	<b>3</b>
Diana Sanchez Castro	
Signature of a member or authorized reprosentative of a member	
Diana Sanchez Castro	ا المان المان
Typed or printed name of signee	

Filing Fee: \$25.00