L22,000H37365

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;





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11/17/2022

COVER LETTER

Division of Cor	porations		
UВЈЕСТ:	Edundo Name of Lim	Realty. LCC	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Edu	Name of Person	
		Firm/Company	
	952 So	ngta Ch	
		FL, 3753	
	888 (E-mail address: (Charles and English Constitution of the used for future annual report motif	<u>nai)-Cシア</u>
or further information c	oncerning this matter, please c	all:	
Edundo Name o	LOPE Z	at (370) 310- Area Code Daytime	0373: Telephone Number
nelosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			induntonal copy in circle car

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	Realty. CC		2022 NOV 17	PM 4:51
	Liability Company as it no Florida Limited Liability Co		SECRETARY C - ZALLAHASS and assi	
The Articles of Organization for this Limited Liab Florida document number <u>してこのの43</u>		ed on 10 - 10	and assi	gned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability com	pany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Compa	my." the designation "LLC	" or the abbreviation "Lal	,.C.''
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u> </u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		on our records, <u>enter</u>	the name of the new	registered
Name of New Registered Agent:	_ Eduard	o whe	7	
New Registered Office Address:		Enter Florida street addre.		
	City	FI	lorida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title *	<u>Name</u>	Address	Type of Action
MGR	Eduardo copez	952 Sonata Lin, Orkin	60, FL WAD 32825
			□Remove
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Note	tive date, if other than the date of filing:
ord is t	
Dated	11-17-2022
	Signature of a member or authorized representative of a member
	Educato COPCZ Typed or printed name of signee

Filing Fee: \$25.00