L23000106476

(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:

Office Use Only

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FILED
2023 MAR 10 AM 8:49
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAR 10 PM 4:01
TALLAHASSEE, FLORIDA

A. BUTLER

MAR 13 2023

FLORIDA CAPITAL COURIER SERVICES. INC
2330 CLARE DRIVE
TALLAHASSEE. FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: AMOUNT: 25.00
Authorization Signature: _____

___Realestate Rocket, LLC L23000106476
BUSINESS NAME Document #

___Certified Copy of Articles

__ Certificate of Status

NEW FILINGS

__ Profit Corp
____Not for Profit
_ _Limited Liability
____Domestication
____Other
___ CORP
___ LLLP

AMMENDMENTS

_X__Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
____Dissolution
__ __Merger
___Conversion
___ Amended and restated Articles
_____ Statement of Authority

OTHER FILINGS

____Annual Report

____Fictitious Name

___ APOSTILLE _____
Country

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
___ Reinstatement

____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realestate Rocket LLC
Name of Proposed Liability Company

Enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andres Ponce de Leon
Name of Person

Realestate Rocket LLC
Firm/Company

12455 SW 93 terr
Address

Miami, Florida 33186
City/State and Zip Code

Andres.Ponce deleon88@gmu.1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Gomez Jr at (305) 301-6310
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

Realestate Pay Rod LLC 2023 MAR 10 AM 8:49

Name of the Limited Liability Company as it now appears on our records:
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 28, 2023 and assigned Florida document number L23000106116

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

Title	Name	Address	Type of Action
MGR	Andres Borde deleon	12455 SW 93 Terr. Miami, FL 33186 Apt 208T	✓ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605-02a-07-13 we

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

_____
Signature of a member or authorized representative of a member

Andres Ponce de Leon
_____
Typed or printed name of signee

Filing Fee: $25.00