6/26/23, 5:13 PM

Division of Corporations

## Note: Please print this page and uselt as a cover sheet. Type the fax audit number

(shown below) on the top and bottom of all pages of the document.

(((H23000226969 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MAC CPA LAW Account Number : I20220000137 Phone : (787)433-7373 Fax Number : (787)433-7373

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@macaponteadvisors.com

# ö

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAOLA VEGA REAL ESTATE LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

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#### **COVER LETTER**

	istration Sec ision of Corp		• .	· H230002269693
SUBJECT:	PAOLA VE	GA REAL ESTATE LLC		
		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		MARICARMEN APONTS	E-COLON	
		<del></del>	Name of Person	
		MAC APONTE ADVISOR	RS LLC	
			Firm/Company	
		11848 DUNE ALLEY		
			Address	· · · · · · · · · · · · · · · · · · ·
		ORLANDO,FL 32832		
			City/State and Zip Code	
		INFO@MACAPONTEAD		
		E-mail address: (t	o be used for future annual re	report notification)
For further in	formation co	ncerning this matter, please ca	dl:	
MARICARN	MEN APONT	E-COLON	787 433-	-7373
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	: following amount:		
<b>■ \$2</b> 5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status

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

H230002269693

PAOLA VEGA REAL ESTATE LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our mited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con	npany were filed on 04/12/202	and assigned
Florida document number L23000181733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
KEISHLA PAOLA VEGA REAL ESTATE LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
	,	023
Enter new mailing address, if applicable:		( m
(Mailing address MAY BE A POST OFFICE BOX)		<i>⊳</i> >
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida stree	l address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and	d agree to act in this capacit	y. I further agree to comply with th

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

H230002269693

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
	·	-	□ Add
			□Remove
			□ Change
<del></del>		<del></del>	□ Add
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		<del></del>	□Remove
			□ Chang <b>e</b>

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•	
(If an cf Note:	tive date, if other than the date of filing:
he reco ord is fi	rd 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 filed.
Dated	-
	Padaly
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00