## L23000276462

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| Special Instructions to Filing Officer: |
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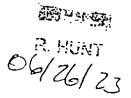
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## COVER LETTER

| TO: Registration Se<br>Division of Cor |   |   | ÷  |  |  |
|--|---|---|--|--|--|
|  | PEREZ REALTY LLC                          |   |  |  |  |
| SUBJECT:                               | Name of Lin                               | nited Liability Company   |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub              | omitted for filing.   |  |  |  |
| Please return all correspo             | ondence concerning this matter            | to the following:   |  |  |  |
|  | Estelle Perez                             |   |  |  |  |
|  |   | Name of Person  |  |  |  |
|  |   |   |  |  |  |
|  |   | Firm/Company  |  |  |  |
|  | 4881 Bonsai Circle, Apt 2                 | 03  | 100 pg   |  |  |
|  |   | Address   | SSS  |  |  |
|  | Palm Beach Gardens, FL                    | 33418   | SSEE, FI   |  |  |
|  | <del></del>                               | City/State and Zip Code   |  |  |  |
|  | estelle.perez@gmail.com                   |   |  |  |  |
|  | E-mail address:                           | to be used for future annual report no                              | tification)  |  |  |
| For further information of             | concerning this matter, please c          | all:  |  |  |  |
| Estelle Perez                          |   | 617 447-8582  |  |  |  |
| Name o                                 | f Person                                  | at ()<br>Area Code Dayti  | ne Telephone Number  |  |  |
| Enclosed is a check for the            | he following amount:                      |   |  |  |  |
| ■ \$25.00 Filing Fee                   | S30.00 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                        |   | Street Address:   | nation   |  |  |
| Registration S<br>Division of C        |   | Registration Section Division of Corporations                       |  |  |  |
| P.O. Box 632                           | 27  | The Centre of Tallahassee   |  |  |  |
| Tallahassee,                           | FL 32314                                  | 2415 N. Monroe Street, Suite 810                                    |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ESTELLE PEREZ REALTY LLC  |  |  |                |
|---|--|--|----------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our records.) Liability Company) |  |                |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000276462</u>         | were filed on <u>06/07/2023</u>                          | and assigned   |                |
| This amendment is submitted to amend the following:   |  |  |                |
| A. If amending name, enter the new name of the limited liabi  | ility company here:                                      |  |                |
| Estelle Perez LLC   |  |  |                |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the a             | bbreviation "L.L.C."   | <del>_</del>   |
| Enter new principal offices address, if applicable:   |  |  |                |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |                |
| ·   |  | <del></del> :  | ·1             |
|   |  | 145  | <del>.</del> . |
| Enter new mailing address, if applicable:   |  | Section Sectio | 5-13 t         |
| •   |  | 一倍年 里  |                |
| (Muiling address MAY BE A POST OFFICE BOX)  |  | <del></del>  |                |
|   |  | _ <del>-``\</del> }2}_   | —              |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | nddress on our records, <u>enter the nar</u>             | ne of the new regi   | <u>stered</u>  |
| Name of New Registered Agent:   |  |  |                |
| New Registered Office Address:  | Entre Elevida amondado en                                |  |                |
|   | 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

| <u>Title</u> | <u>Name</u> | Address     | Type of Action  |
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| n effect<br><u>ste:</u> It | e date, if other than the date of<br>ive date is listed, the date must be spec<br>the date inserted in this block doe<br>t's effective date on the Departme | ific and cannot be s not meet the a | e prior to date of fili<br>applicable statuto | ng or more than 90 d<br>ry filing requireme | _(optional)<br>ays after filing.) Po<br>nts, this date wi | irsuant to 6<br>Il not be li | 05.0207 (3)(h<br>sted as the |
| - 1111611                  | . a encente date on the Departite   | or state 3 for                      | 1 <b></b>                                     |   |   |                              |                              |
| ecord s<br>is filed        | specifies a delayed effective date, b   | out not an effec                    | tive time, at 12:0                            | l a.m. on the earlie                        | erof:(b) The 9  | Oth day af                   | ter the                      |
| ıted                       | ine 20  | 2023                                | ·   |   |   |                              |                              |
|                            |   | 10                                  |   |   |   |                              |                              |
|                            |   |                                     |   |   |   |                              |                              |

Typed or printed name of signee

Filing Fee: \$25.00