L23000333799

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COVER LETTER

	distration Section of Corp			
CIID INZUE.		EAL ESTATE, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JACQUELINE SALCINE	S	
			Name of Person	
		JACQUELINE SALCINE	S PA	
Firm/Company				
706 S DIXIE HIGHWAY 2ND FLOOR				
			Address	
		CORAL GABLES FL 331	46	(-) (-) (-) (-)
			City/State and Zip Code	i in
		J.SALCINES@SALCINES		tification)
		E-mail address: (to be used for future annual report no	
For further i	nformation c	oncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
JACQUELI	NE SALCIN	ES	305 6695280	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re	niling Addres gistration S	Section	Street Address: Registration S	
Division of Corporations P.O. Box 6327			Division of Co The Centre of	
	illahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number 123000333799	iability Company were filed on 07/1	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation. D.L.C."
Enter new principal offices address, if appli-		
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:		cords, <u>enter the name of the new regi</u>
Name of New Registered Agent.		000
New Registered Office Address:	706 S. DIXIE HIGHWAY 2ND F1 Enter Floria	la street address
	CORAL GABLES	Florida 33146
	Citr	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JACQUELINE SALCINES	706 S DIXIE HIGHWAY 2ND FL	🗀 Add
		CORAL GABLES FL 33146	
MGR	VICTOR BERAJA	3350 VIRGINIA ST. #277	XiAdd
		MIAMI FL 33133	□Remove
			□Change
			☐Ādd
			□ Remove
			□Add
			□Remove
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<u>te:</u> If th	date, if other than the date we date is listed, the date must be she date inserted in this block of seffective date on the Depart	loes not meet the applicab	date of filing or more than	(optional) 90 days after filing.) Purs	uant to 605.020 not be listed a:
ecord sp s filed.	occifies a delayed effective dat	e, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90t	h day after the
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	Sign	ature of a member or authori	zed representative of a me	nher	85 IIII 58
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	\	queline Sale Typed or printed	_ •		3

Filing Fee: \$25.00