# L23000380730

(R	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(D	Document Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

# Please send in the whole form

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SECRETARY OF STATE TALLAHASSEE, FL

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2024

BARBARA VARGAS 5347 COSTA DEL SOL DR SAINT CLOUD, FL 34771

SUBJECT: JAHDIER MORALES REAL ESTATE, LLC

Ref. Number: L23000380730

We have received your document for JAHDIER MORALES REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out and send in the entire form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 324A00013505

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### COVER LETTER

TO: Registration S Division of Co					
CHID HEZET.	JAHDIER MORALE	S REAL ESTATE, LLC			
SUBJECT:	Name of Lin	nited Liability Company			
	f Amendment and fee(s) are sub condence concerning this matter	·			
	BARBARA VARGAS				
		Name of Person			
	TAX LEGACY ADVISOR	RS, LLC			
		Firm/Company			
	5347 COSTA DEL SOL	DR			
		Address			
	SAINT CLOUD, FL, 347			SEC T.	2024 UC1 -3
		City/State and Zip Code		AL R	٤
	!_EGACYTAXADVICE@@			₽⋝	
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For further information	concerning this matter, please of	all:		OF SEE	An IO:
BARBARA VARGAS		407 954-9366		ECRETARY OF STAT TALLAHASSEE, FL	0. 00
Name	of Person	at ()	Telephone Number	m	C
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	*LJ 830.00 Filing Fee & Certificate of Status	LI \$55,00 Filing Fee & Certified Copy tadianoul copy is enclosed)	© 860.00 Filing Certificate o Certified Co tadditional cop	f Status & py	
Mailing Addr	<u>ess:</u>	Street Address:			

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

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

#### ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

JAHDIER MORAL	LES REAL ESTATE, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appea rida Limited Liabibty Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability  Florida document number	y Company were filed on	08/14/2023	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company h	ere:	
MORALES RE INVESTMENTS LL			
The new name must be distinguishable and contain the words "I	.imited Liability Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>			2024 OCT -3 A SECRETARY C
B. If amending the registered agent and/or registe agent and/or the new registered office address her		records, <u>enter the na</u>	ome of the flow register FL
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
_	, ··· .	Florida _	Zip Code
	Сиу		ziji Coac

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	<u>Name</u>	Address	Type of Action
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(If an effe	ve date, if other the cive date is listed, the c	ate must be specific a	nd cannot be prior to d	ate of filing or more t	(optional han 90 days after filin	g.) Pursuant to 60.	5.0207 (3)
Note:	If the date inserted in int's effective date or	this block does not	meet the applicable	statutory filing rec	juirements, this dat	e will not be lis	ted as the
the record	l specifies a delayed o	effective date, but no	ot an effective time.	at 12:01 a.m. on th	ne earlier of: (b) T	he 90th day afte	er the
Dated_	05/29/24 France		· · · · · · · · · · · · · · · · · · ·				
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	<del></del>	Signature of	a member or authorize	d representative of a	member		

Filing Fee: \$25.00