## L23000408647

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-
		}
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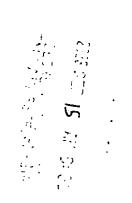
Office Use Only

A. RIVERS SEP 3 0 2023



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Tallahassee, FL 32314

## **COVER LETTER**

Division of Co			
SUBJECT: Figueroa R	Realty, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Judith   Figueroa		
		Name of Person	
	LPT Realty		
		Firm/Company	
	518 Providence Blvd		
		Address	
	Deltona, FL 32725		
		City/State and Zip Code	
	BELAFIGS@GMAIL.COM	be used for future annual report noti	fication)
For further information (	concerning this matter, please cal		neution,
Judith I Figueroa		386 882-0792	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	ction
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Figueroa Realty, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on our reco Liability Company)	<u>rds.</u> )		_	
The Articles of Organization for this Limited L Florida document number <u>L23000408647</u>		were filed on August 31, 202	3	and	l assign	ed
This amendment is submitted to amend the foll	lowing;					
A. If amending name, enter the new name o	of the limited liab	ility company here:				
Judith I Figueroa, LLC						
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designation "LI	.C" or the abl	oreviation	L.L.C.	**
Enter new principal offices address, if applic	cable:	Same no change				
(Principal office address MUST BE A STREE	ET ADDRESS)					<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	registered office a		er the name		-	egistere
New Registered Office Address:	Same as previous	us record		25 25 25 25	123	
New Regimeres Office Address.		Enter Florida street addi	ess Florida	21.55 21.55 21.55		11
		City		Zip Co		<u> </u>
New Registered Agent's Signature, if changing					: : :	i
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties, provided for in Chapter 605	and I am fa ', F.S. Or, a	imiliar if this d	with a locume	nd

If Changing Registered Agent, Signature of New Registered Agent

dotloop signature verification:

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 = Mai	anger		
WIGIX - WIA	iagei		
AMBD - And	horized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	🗆 Add
		<del></del>	□Remove
			□Change
			□Ađd
			□Remove
			□Change
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		·	□Remove
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Filing Fee: \$25.00