L23000482432

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)	<u> </u>	_
(Cit	ty/State/Zip/Phor	ie #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	rsiness Entity Na	me)	_
(Do	ocument Number)	
		,	
Certified Copies	Certificate	s of Status	
			_
Special Instructions to	Filing Officer:		
		i	
		والمحتا	43
•			
·		_	





000419435490

11/29/23--01004--001 **25.00



COVER LETTER

TO:

TO: Registration So Division of Cor				
	MEDINA REALTOR LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIA E MEDINA			
		Name of Person		
	MARIA E MEDINA LLC			
		Firm/Company		
	908 SAN CARLOS WAY			
		Address	 _	
	KISSIMMEE, FLORIDA	34758		
		City/State and Zip Code		
	M.E.MEDINA55@GMAIL	COM to be used for future annual report no	difference to	
For further information c	concerning this matter, please co	•	inteations	
MARIA E MEDINA		407 873-4096		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration		Street Address: Registration S	ection	
Division of C		Division of Co		
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

MARIA E MEDINA REALTOR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/20/2023}{2}$ and assigned Florida document number _ L23000482432 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARIA E MEDINA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 908 SAN CARLOS WAY Enter new principal offices address, if applicable: KISSIMMEE, FL 34758 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida __

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			Change

-						
			-	g - 444	···	
	_					
						
					-	
						<u> </u>
				-		
<u></u>						
						
						
				_		
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	ns block does r	not meet the ap	plicable statute	ing or more than 9	(optional) Odays after filing.) Poments, this date wi	ursuant to 605.0207 (If not be listed as t
document's effective date on i	ле Берагинен	or state s reco	itus.			
ne record specifies a delayed efford is filed.	ective date, but	t not an effectiv	ve time, at 12:0)1 a.m. on the ca	rlier of: (b) The 9	Oth day after the
Dated November 20		2023	·			
Maried	· Mich	m or		contative of a man	har	
	C	at a market and				