

L22000186502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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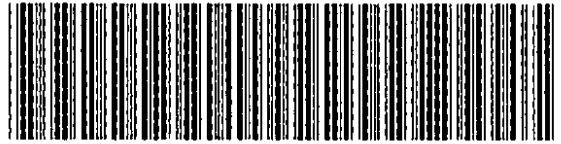
(Business Entity Name)

(Document Number)

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2024 FEB -1 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

TALLAHASSEE, FL 061

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The SALAMON'S REALTY GROUP LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEIRIT MAIRETH RAMIREZ ESTEVEZ  
Name of Person  
[Signature]  
Firm/Company  
2351 LEXINGTON POND WAY  
Address  
TALLAHASSEE, FL 32311  
City/State and Zip Code  
RAMIREZLEIRITO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2021 FEB - 1 PM 5:01  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LEIRIT MAIRETH RAMIREZ ESTEVEZ at (239) 248-2360  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Address:**

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

**Street Address:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

The SALAZAR'S REALTY Group 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 12-27-2023 and assigned Florida document number L23000560080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LEIRIT RAMIREZ REALTY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2351 LEXINGTON POND WAY  
TALLAHASSEE, FL, 32311.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2351 LEXINGTON POND WAY  
TALLAHASSEE, FL, 32311.

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:

LEIRIT MAIRETH RAMIREZ ESTEVEZ

New Registered Office Address:

2351 LEXINGTON POND WAY

Enter Florida street address

TALLAHASSEE, Florida 32311

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 conform 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LEIRIT MAIRETH RAMIREZ ESTEVEZ	2351 LEXINGTON POND WAY TALLAHASSEE, FL, 32311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ALEXANDER JOSE SALAZAR ESCALANTE	2351 LEXINGTON POND WAY TALLAHASSEE, FL, 32311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Char <input type="checkbox"/> Ad <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/>

20 FEB 1 10:50 AM  
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 FEB 1 PM 5:01  
SECRETARY OF STATE  
TAMM HALL  
MONTGOMERY, AL


E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02-01 , 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Leirit Maireth Ramirez Estavez  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00