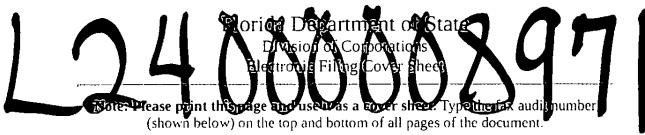
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 Enter the email address for this business entity to be used for future ্ৰি<u>ইন্</u>ম্মual report mailings. Enter only one email address please.** Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTELA REALTY LLC

Certificate of Status	0
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M. SOLOMON

SEP 17 2024

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To: 18506176383

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Fax: 8134365206

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

ESTELA REALTY LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records. Liability Company)	,)
The Articles of Organization for this Limited Liability Company	were filed on 01/03/24	and assigned
Torida document number L24000008971		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRESS)		724 SE
inter new mailing address, if applicable:		RY 6.
Mailing address MAY BE A POST OFFICE BOX)		
The second secon		
		<u> </u>
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter ti</u>	ie name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	6 6 6	
	Enter Florida street address	
	, Flor	ida

v 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.

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To: 18506176383

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Fax: 8134365206

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>	Address	Type of Action
MGR	Johnson, Jennifer	37 North Orange Avenue Suite 537	ØAdd
		Orlando. FL 32801	□Remove
			□Change
			□Add
			□Remove
			TALL LAND
			AHASTES TAILE
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

			heets, if necessary.)	
		<u> </u>		
				
				
				2024
,, <u></u>			2 m (1)	T A
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				·
Effective date, if other than the case effective date is listed, the date must be a listed. The date must be a listed in this blood document's effective date on the Department.	be specific and cannot be prior ck does not meet the applica	to date of filing or more tha		
the record specifies a delayed effective cord is filed.	date, but not an effective tir	nc. at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
	2024			
Dated September 16				
	fignature of a member or addition	Compatible		

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9/16/2024 16.10:35 PDT