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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Estela Realty LCC
SUBJECT: _ESTC\Q_K@\TY_/CC_ Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Rafrel Melis
Rafael Celis Name of Person
Totalo Panto 110
Estela Realty LLC
2601 S. Bayshore Dr. 18th floor
Coconut Grove, Fl 33133 Cir/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Palast Islic 122 2222
Kafael Celis at (352) 433 · 8382 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: TO: Florida Department of State
\$25.00 Filing Fee
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
/ Division of Corporations \ Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Liability Company as it now appears on our records 1007-1 AM 2: 22

Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L2400000 8971. This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 🖈 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 City

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 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>	Name	Address	Type of Action
MGR	Jennifer Johnson	37 North Orange Avenue	🗹 Add
		suite 537	
		Orlando, F1 32801	□Change
			□Add
			□Remove
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vote:	ive date, if other than the date of filing:
recor	rd specities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	September 12th. 2024.
	faith
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00