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SECRETARY OF STATE

## **COVER LETTER**

**Registration Section Division of Corporations** 

IECT: Jonat	han Vazguez Name of Limit	Realtor LLC ted Liability Company	
inclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
e return all correspond	dence concerning this matter to	o the following:	
	Jonathon V	1029ULZ Resto	
		Firm/Company	
	7660 Whisp	er Way Apt 20:	3
	Reunium,	FU 34747  City/State and Zip Code	
		Hor 11 2 gmail co	ication)
urther information cor	ncerning this matter, please ca	II:	
onathan Vi	arguez Person	at (863) 537 · Area Code Daytime	- 0441 Telephone Number
osed 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jonathan Vozguz Re (Name of the Limited Liability Compan (A Florida Limited I.	ty as it now appears on our records.) iability Company)		
articles of Organization for this Limited Liability Company	were filed on $03/03/24$ and assigned		
la document number <u>L 24 000 11 26 89</u> .			
amendment is submitted to amend the following:			
Tamending name, enter the new name of the limited liability of the			
r new principal offices address, if applicable:			
cipal office address MUST BE A STREET ADDRESS)	SECTION STATES		
cipal office data ess most be 11 STREET 110 ERESS			
m i i e e e e e e e e e e e e e e e e e	SSV P		
r new mailing address, if applicable:	m <sub>(v)</sub> v		
ling address MAY BE A POST OFFICE BOX)			
amending the registered agent and/or registered office a t and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new register		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	,		
isions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

moved from our records:

R = Manager

3R = Authorized Member

<u>Name</u>	Address	Type of Action
<del> </del>		□Add
	<del></del>	□Remove
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etiv If th	late, if other than the date of filing:  e 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
i sp ed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	September 6. 2024.  Signature of a member of a uthorized representative of a member.
	James L. Varyer
	Sygnature of a memorylyr authorized representative of a memori

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