124000232493

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COVER LETTER

Division of Co			
Real Props	-RE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Emilci Viso		
		Name of Person	
	<u> </u>	Firm/Company	
	11711 SW 107th Court		
		Address	
	Miami, Fl 33176		
		City/State and Zip Code	
	emilci.viso@gmail.com		
For forther to for the second		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Emilci Viso		305 968-4835 at ()	
Name o	of Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section	Street Address: Registration Se Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Props-RE, LLC			
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)	
The Articles of Organization for this Limited L. Florida document number L. 24000232493	Liability Company were fi	led on 05/20/2024	and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			
Muung uuuress MAI DE AI OSI OIIICE			
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	Odalys Luzbel		
New Registered Office Address:	12150 SW 128th Court	· · · · · · · · · · · · · · · · · · ·	
		Enter Florida street address	
	Miami	, Flori	ida <u>33186</u>
	Cit	v	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 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 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>	Address	Type of Action
MGR	Jacqueline Pinera		
			≣Remove
			□Change
MGR	Odalys Luzbel		≣Add
			□Remove
			□ Change
			
		 	□Remove
			Change
			□Add
			□Remove
			□ Add
			□ Remove
			□Change
			□¥ <u>ē</u> q
			□Remove
			□ Change

amending any other information	n, enter change(s) here.	Anach adamona sne	is, y necessary.	
				
				<u>.</u>
-		-		
Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than	(optional) 190 days after filing.) Purs rements, this date will	nuant to 605.020 not be listed as
				D. 2
e record specifies a delayed effective ord is filed.	e date, but not an effective tim	ie, at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
/ \ ^			•	.,
Dated June 12	2024			±2.
$\vee \mathbb{M}_{\lambda}$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	(0)
\	Ciantina of a manhar or outhor	ized representative of a m	ember	
	Signature of a member or author	rized representative of a m		ω

Filing Fee: \$25.00