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COVER LETTER

TO: Registration S Division of Co						
Nia Medin	a RE LLC					
SUBJECT:	Name of Lin	nited Liability Company		-		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Nia Medina					
		Name of Person		_		
		Firm/Company				
	13227 Spring Grove way					
		Address		_	• • • • • • • • • • • • • • • • • • • •	
	Winter Garden FL 34787			- 구급 - 건물	: .	
	<u>.</u> .	City/State and Zip Code		7.7	Ü	
	niamedina.realtor@gmail.c			_ <u> </u>	25	•
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)	STATI E. FL	PH 3: 10	*.
Nia Medina		612 3880431 at ()		1.1	O,	
Name (of Person	Area Code Daytime	Telephone Numb	per	_	
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)	Certific	Filing Fe cate of St ed Copy nal copy is	tatus &)
Mailing Addre		Street Address: Registration Sec	tion			
Division of C	Corporations	Division of Corp	oorations			
P.O. Box 632 Tallahassee.		The Centre of Ta 2415 N. Monroe		R 10		
i alialiassee.	エレ 34314	Z410 IN. MOHIOC	, Succi, Suite	010		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nia Medina RE LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r la Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability (Company were filed on <u>6/26/2024</u>		and assigned
Florida document number 000432244430			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
Nia Medina Realty LLC			
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	"LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			(
			ر از
Enter new mailing address, if applicable:			•=-•
Mailing address MAY BE A POST OFFICE BOX)	-	SS	(D)
		min.	
	MAY BE A POST OFFICE BOX)	က္က	
B. If amending the registered agent and/or registere	ed office address on our records, e	,	ofthe new registers
agent and/or the new registered office address here:	·• · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street c	uddress	
		Florida	
	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 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

Page 2 of 3

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fective date, if other than the (date of filing:	(ор	tional)		
n effective date is listed, the date must	be specific and cannot be prior to date on ck does not meet the applicable sta	of filing or more than 90 days affi tutory filing requirements, ti	er filing.) Pr nis date wi	ursuant to 60 ll not be lis	05.02 sted
cument's effective date on the De	partment of State's records.				
record specifies a delayed The 90th day after the reco	effective date, but not an e rd is filed.	ffective time, at 12:01	a.m. on	the ear	lier
•					
ted July 9th	2024				
	$\langle (1, 1) \rangle = \langle (1, 1) \rangle = \langle (1, 1) \rangle$				

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