

L08000024301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

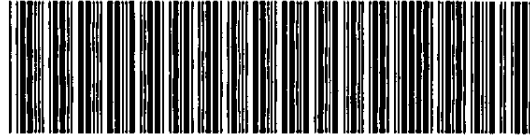
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2016 MAR 11 A 11:43
SECRETARY OF STATE
TAMPA, FLORIDA

MAR 14 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HABITAT MIAMI REALTY LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER MOTTA

Name of Person

HABITAT MIAMI REALTY LLC.

Firm/Company

437 SW 2ND ST.

Address

MIAMI FL 33130

City/State and Zip Code

jalvalendo@habitatgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleana Alvarado

Name of Person

at (786)

Area Code

577-4394

Daytime Telephone Number

Enclosed 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HABITAT MIAMI REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
TREASURY
ASSISTANT
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/08 and assigned
Florida document number LO8000024301.

This amendment is submitted to amend the following:

A. 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)

175 SW 7TH ST SUITE 2201
MIAMI FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 SW 7TH ST SUITE 2201
MIAMI FL 33130

B. 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:

SANTIAGO VANEGAS

New Registered Office Address:

175 SW 7TH ST SUITE 2201

Enter Florida street address

MIAMI

, Florida

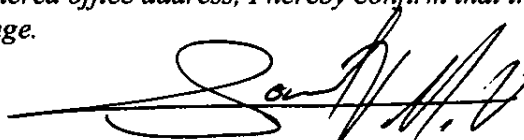
33130

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

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SANTIAGO VANEGAS</u>	<u>175 SW 7TH ST SUITE 2201</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33130</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JAVIER DOTTA</u>	<u>437 SW 2ND ST</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33130</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED
 Add
 Remove
 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Mar 2, 2016

[Signature]
Signature of a member or authorized representative of a member

Santiago Vanegas
Typed or printed name of signee

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TALLAHASSEE, FLORIDA