L15000016360

(Re	equestor's Name)	
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MAY 2 0 2015

T. HAMPTON

COVER LETTER

TO:	Registratio Division of	n Section Corporations					
CHD H		state Residential, LLC					
SUBJI	EC1:	Name of Limited Liability Company					
The en	nclosed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please	return all corr	espondence concerning this matter	to the following:				
		Isabel Fine					
			Name of Person				
		 	Firm/Company				
	1450 Madruga Avenue, Suite 303 Address						
		Coral Gables, FL 33146					
			City/State and Zip Code				
		isabel@realmiamicommerc	cial.com to be used for future annual report notif	ination			
For fu	rther informati	on concerning this matter, please c	•	ication)			
Isabel	Fine		305 785-4758				
	Na	me of Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check i	for the following amount:					
\$2	5.00 Filing Fe	e \$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

Real Miami Residential, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/27/2005}{1}$ and assigned Florida document number L15000016360 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 1450 Madruga Avenue, Suite 303 Enter new principal offices address, if applicable: Coral Gables, FL 33146 (Principal office address MUST BE A STREET ADDRESS) 1450 Madruga Avenue, Suite 303 Enter new mailing address, if applicable: Coral Gables, FL 33146 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida 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 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 **Title** Name <u>Address</u> Type of Action ☐ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add **□**-Remove Change ... Remove _□ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00