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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

TO:

Divisio	on of Cor	porations			
	M REALT	TY HOLDINGS, LLC			19 18
SUBJECT:		Name of Lim	ited Liability Company	· ····	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspo	ondence concerning this matter	to the following:		
		Pelayo Mendez			
			Name of Person		
		Pelayo Mendez, Esq., P.A.			
			Firm/Company		
		2020 Ponce de Leon Boule	evard, Suite 1005-B		
			Address		
		Coral gables, Florida 33134	4		
		pmendez@mendezpa.com	City/State and Zip Code		
		E-mail address; (	to be used for future annual repor	notification)	
For further info	rmation c	oncerning this matter, please ca	all:		
Pelayo mende	z		305 358-57	10	
	Name o	f Person		aytime Telephone Number	
Enclosed is a ch	eck for th	ne following amount:			
■ \$25.00 Filir		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Sta Certified Copy tadditional copy is en	tus &
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration S Division of C Clifton Build	orporations	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO	
ARTI	CLES OF ORGANIZATION	
	OF	1 m
	<b>9.</b>	1
EM REALTY HOLDINGS, LLC		Cords 1
	Liability Company as it now appears on our re	cords.)
· (2)	d Liability Company as it now appears on our red A Florida Limited Liability Company)	# 98%
	07/07/2015	and assigned
The Articles of Organization for this Limited Lia	bility Company were filed on	and assigned جن المسلمة
Florida document number L15000117092		
m		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
	<del></del>	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "	LLC for the abbreviation "L.L.C.
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		
(Trincipal office address MOST BE A STREET	ADDRESS	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	SOX	
	<del></del>	
D 10 11 11 11 11		
B. If amending the registered agent and/o registered agent and/or the new registered off	9	ords, enter the name of the nev
registered agent and/or the new registered on	ice audress nere.	
Name of New Registered Agent:		
N. D. C. 1007		
New Registered Office Address:	Enter Florida street ac	ldress
	Take Too kee sheet to	
		, 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

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>	Type of Action
MGR	Eduardo B. Arrastia	2020 Ponce de Leon Boulevard Suite 1005-B Coral Gables Florida 33134	Add
			Remove
			☐ Change
MGR	Pelayo Mendez	2020 Ponce de Leon Boulevard Suite 1005-B Coral Gables Elorida 33134	
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
		<del></del>	Add
			□ Remove
			☐ Change
		<del></del>	Add
			Remove
			Change
			Add
			Remove
			□ Change

• •	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	· · ·
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	l
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00