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## COVER LETTER ...

<b>`O</b> :	Registration Sec Division of Corp		q.	
UBJE	CT:	RM Oced		·
		Name of Lan	nited Liability Compuny	
The enc	closed Articles of A	amendment and fee(s) are suf	omitted for tiling.	
'lease r	etum all correspon	dence concerning this matter	to the following:	
		Jo	aqueline Dutra	
		RM	Ocean Realty LL	<u></u>
			Island Dr. Miani,	
		Mic	mi, FL 33109	
		jaqueline o	City/State and Zip Code  14/028 @ yuhoo. 6  (to be used for future annual report notifi	cation)
or furt	her information co	ncerning this matter, please c		
Ja	queline [	Person	at (786) 277-3	3901 Telephone Number
		following amount:		
<b>5</b> 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)

Muiling Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM Ocean Rea	Hy ILC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
ne Articles of Organization for this Limited Liability Comporida document number <u>L 19000 283455</u>	pany were filed onand assigned
ris amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited	l liability company here:
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRES.	<u>so</u>
ent and/or the new registered office address here:	Tice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street acktress
	, Florida City Zip Code
w Registered Agent's Signature, if changing Registered As	<u>gent:</u>
ovisions of all statutes relative to the proper and comp scept the obligations of my position as registered agent	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
īr	Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager
MBR = Authorized Member

itle Name Address

<u>itle</u>	Name	Address	Type of Action
<u>MBR</u>	Ralph Milo	7771 Fisher Island Dr. Miami, FL 33109	[B/\dd
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tive date, if other tha	n the date of filing	,.		_ (optional)	
frective date is listed, the date. If the date inserted in t	te must be specific and	cannot be prior to date of		days after filing.) Purs	
ment's effective date on			ationy ming requirem	ems, this date with	kn tæ naca
ord specifies a delayed et filed,	fective date, but not	an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90t	n day after t
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a 12/4/2019	·				
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Filing Fee: \$25.00