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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAW OFFICES OF FRYE & ASSOCIATES, P.L.

Account Number : I20020000057 Phone : (305)931-3200

Fax Number : (305) 931-9383

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: miramos 0905 @ gmail. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOMESTEAD FAMILY HOLDINGS, LLC

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHRIECT

Homestead Family Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(8) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Minerva Vazquez, Esq.

Name of Person

Law Offices of Frye & Vazquez, PL

Firm/Company

20900 W. Dixie Highway

Address

Aventura, Florida 33180

City/State and Zip Code

miramos0905@gmail.com

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

For further information concerning this matter, please call:

Minerva Vazquez

,305 **,931-320**0

Name of Person

Area Code & 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) ☐S50.00 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

Homestead Family Holdings, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited   | Liability Company as it now as Florida Limited Liability Compa | ppears on our records.)<br>any) | ₩. 70 ES                  |
|--|--|---------------------------------|---------------------------|
| The Articles of Organization for this Limited L Florida document number L040007288   | iability Company were filed on                                 | 10/07/2004                      | and assigned              |
| This amendment is submitted to amend the foll  A. If amending name, enter the new name of                                  |  | y here:                         | 19.30<br>19.30            |
| The new name must be distinguishable and end wi "L.L.C."   | th the words "Limited Liability C                              | ompany," the designation        | "LLC" or the abbreviation |
| Enter new principal offices address, if applic   | able:  |                                 |                           |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |                                 |                           |
| Enter new mailing address, if applicable:  | -  |                                 |                           |
| (Mailing address MAY BE A POST OFFICE  | <u>BOX)</u>  |                                 |                           |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of<br>Name of New Registered Agent: |  |                                 | r the name of the nev     |
| New Registered Office Address:   | 20900 W. Dixle Hig   | hway                            |                           |
| ***************************************  |  | Enter Florida street a          | ıddress                   |
| ·  | Aventura   | , Florida                       | 33180                     |
|  | City   |                                 | Zip Code                  |
| New Registered Agent's Signature, if changing  | Registered Agent:  | e e                             |                           |
|  |  |                                 |                           |

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Aheregy confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

4130001806553

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> <u>Address</u> 11011 SW 117th Ave **MGRM** Ramos investments, LLC Miami, FL 33186 iii,

| ). If amendi | ng any other information. enter change(s) here: (Attach additional sheets. if necessary.) |
|--------------|---|
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|              |   |
| <del></del>  |   |
|              |   |
|              |   |
| ated Aug     | just 14 2013  |
|              |   |
| _            | Signature of a member or authorized representative of a member                            |
|              | Minerva Vazquez, Esq., Authorized Representative  |
| -            | Typed or printed name of signee   |
|              | Page 3 of 3   |

Filing Fee: S25.00

18 AUG 14 AM 9: 30