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EXAMINER



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08 JUN 24 PM 12: 08

SECRETARY OF STATE

COVER LETTER

Division of Co	rporations		
SUBJECT. Epicure	ean Home Realty, LI	С	
SUBJECT:p.ou.		nited Liability Company)	
•			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alex Cuffia		
		(Name of Person)	
	Engel & Voelkers Sunny	Isles Beach	
		(Firm/Company)	
	608 SW 4th Ave.		
		(Address)	
	Ft. Lauderdale/FL 33315		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Alex Cuffia		at (954) 5935045	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he 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)
	•		

TO: Registration Section

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

ARTIC	CLES OF ORGANIZATION	ON 08 JUN 24	^{ior} poration PM 12: 08
	Home Realty LLC is in the supperson of t		
The Articles of Organization for this Limited Lial Florida document number 4080000 433	bility Company were filed on <u>4</u> 342	/30log	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		s 4th Ave leidale, F1	33315
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Alex Cu		
New Registered Office Address:	608 SW 4th		44
	Ft. Lawderdole (City)	er Florida street a , Florida _	333/5 (Zip Code)
	(Cuy)		(Lip 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 608, 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.

Page 1 of 2

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:

MGR = Manager

MGRM =	Managing-Member		
<u>Title</u>	Name	Address	Type of Action
MGR ·	Giancarlo Cuffia	608 SW 4th Ave. Ft. Lauderdale, FL 33315	Add Remove
MGR	Mike Stroh	17100 Collins Ave. Suite 224 Sunny Isles Beach, FL 33160	Add Remove
MGR	Ana Cuffia	608 SW 4th Ave. Ft. Lauderdale, FL 33315	Add Remove
MGR	Bella Beraha	17100 Collins Ave. Suite 224 Sunny Isles Beach, FL 33160	Add Remove
	<u></u>		AddRemove
			Add Remove
D. If amen	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if neces	sary.)
·			
<u> </u>			
Dated	6/19/2008. 	Val Valle	
	Signature of a me	mber of authorized representative of a member A. Coffia. yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00