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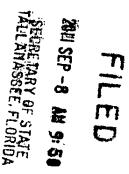
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T. CLINE

SEP - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Sky Realty by Name of	MIRAX, LLC Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered C	Office Change and fee(s) are sub-	mitted for filing.				
Please return all correspondence concerning	this matter to the following:					
Alla Nikulaichela Name of Person Sky Realty by MiRAK FirmGompany 801 Brickell Avenuel Address Miami, FL 33/3/ City/State and Zip Code alla @ mirax development E-mail address: (to be used for future annual report no	, Suite 929	SECRETARY OF STATE SAULAHASSEE, FLORIDA				
E-mail address: (to be used for future annual report notice for further information concerning this matter.)	•					
ALLA Nikelaichella Name of Person	at (305) 608 - 62					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the followin	g amount:					
\$25 Filing Fee	\$55 Filing Fee & Cer	rtified Copy				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky Rel (Name of the Limited) (A		MIRAN ny as it now apper iability Company	ears on our records.	
The Articles of Organization for this Limited Lia Florida document number <u>LOS 0000 97</u>	ability Company 1760	were filed on _	10. 16. 20e	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company h	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		801 B	Brickell Av	BRUE
(Principal office address MUST BE A STREET ADDRESS)		Suite	929	S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Mian 801 Suite Miam	3 pickell 1 3 pickell 1 929 i, FL 3313	vergue -
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			2 0	
New Registered Office Address:	801		AVQ, STL Enter Florida street a	<u> </u>
	emi		33131	
			, rioi lua _	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 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.

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> <u>Name</u> **Address Type of Action** Remove Remove ☐ Add ☐ Remove Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ALLA Vikulaichella Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00