

LB8000097760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2011 SEP -8 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

SEP - 9 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sky Realty by MIRAX, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLA Nikulaicheva  
Name of Person

Sky Realty by MIRAX, LLC  
Firm/Company

801 Brickell Avenue, Suite 929  
Address

Miami, FL 33131  
City/State and Zip Code

alla@miraxdevelopment.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
**SEP - 8 AM 9:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

ALLA Nikulaicheva at ( 305 ) 608-6203  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Sky Realty by Mirax, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10.16.2008 and assigned Florida document number L08000097760.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

801 Brickell Avenue  
Suite 929  
Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 Brickell Avenue  
Suite 929  
Miami, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

801 Brickell Ave, Ste 929  
Enter Florida street address  
Miami, Florida 33131  
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 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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP - 8 1964  
FILED

please change unit member  
for: MGR- Alla Nikolaicheva  
3600 Mystic Pointe DR  
Unit 1116  
Aventura, FL 33180

08/30, 2011.

Signature of a member or authorized representative of a member

ALLA N. Kulachova

Typed or printed name of signee