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T. HAMPTON

APR 1 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJE	CT: MIAMI FIRST ROALTY LLC Name of Limited Liability Company				
	Name of Limited Liability Company				
The end	losed Articles of Amendment and fee(s) are submitted for filing.				
Please	eturn all correspondence concerning this matter to the following:				
	MAIDA GONZALEZ Name of Person				
	Name of Person				
	Firm/Company				
3351 NW 15 5T Address					
MIAMI FL 33125 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)				
	her information concerning this matter, please call:				
	Name of Person at (305) 282 - 3367 Area Code & Daytime Telephone Number				
Enclos	d is a check for the following amount:				
⊠ \$25	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclo				

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



RECEIVED

10 APR 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 6, 2010

NAIDA GONZALEZ 3351 NW 15 ST MIAMI, FL 33125

SUBJECT: MIAMI FIRST REALTY LLC

Ref. Number: L10000021881

We have received your document for MIAMI FIRST REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00008443

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Min Mi Figst Roalty (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $02/2$	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Company," the	designation "LLC" or the abb	 previation
Enter new principal offices address, if applicable:		***	S NG S
(Principal office address MUST BE A STREET ADDRESS)		O A	Sign
		PR R	22:0
		2	302
			200
Enter new mailing address, if applicable:		201	
(Mailing address MAY BE A POST OFFICE BOX)	West transfer of the same of t	-	- 1
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered of		ords, enter the name of	the new
registered agent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	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

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 Title **Address Type of Action Name** MGR YOR I GONZALEZ ☐ Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated er or suthorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00