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TALLAHASSEE, FLORIDA

T. CLINE
NOV 15 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scire Apartments, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Mitchel Sabina

Name of Person

Firm/Company

7767 NW 146th Street

Address

Miami Lakes, FL 33016

City/State and Zip Code

management@ms-invest.com

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

For further information concerning this matter, please call:

Mitchel Sabina

Name of Person

at (305)

819-0212

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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)

☐ \$60.00 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

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

SCIRE APARTMENTS 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 June 9 2011 and assigned
Florida document number L11000067804.

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)

7767 NW 146th Street

Miami Lakes, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7767 NW 146th Street

Miami Lakes, FL 33016

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TALLAHASSEE, FLORIDA

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:

Mitchel Sabina

New Registered Office Address:

7767 NW 146th Street

Enter Florida street address

Miami Lakes

Florida

33016

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Domenico Scire	16217 NW 83 Place Miami Lakes, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dina A Mangiaracina de Sc	16217 NW 83 Place Miami Lakes, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Caterina Scire Mancirracina	16217 NW 83 Place Miami Lakes, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Mitchel Sabina	7767 NW 146th Street Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TREASURY
 FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THIS CHANGE APPLY ONLY FOR : SCIRE
 APARTMENTS, LLC CS

Dated 10/29/11

Caterina Scire Mancirracina

Signature of a member or authorized representative of a member

Caterina Scire Mancirracina

Typed or printed name of signee

DATE PLEASE
 SIGN & DATE
 CATERINA SCIRE