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COVER LETTER

	gistration Section ' ' ision of Corporations
SUBJECT:	Luxury Home Brokers International, LLC Name of Limited Liability Company
30202011	Name of Limited Liability Company
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	MARGARITA Mc CARTHY Name of Person
	Luxury Home Brokers International, LLC
	P.O. Box 1009
	P.O. Box 1009 Address Ponte Vedra Beach, F-L 32004 City/State and Zip Code Margarita @ Lhbrokers. Com E-mail address: (to be used for future annual report notification)
	MARGARITA Q LHBROKERS. COM E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Plame of Person at (904) 613-3214 Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$25.00 F	iling Fee \$\ \bigs_{\text{\$30.00 Filing Fee & }} \bigs_{\text{\$55.00 Filing Fee & }} \bigs_{\text{\$60.00 Filing Fee, }} \bigs_{\text{\$60.00 Filing Fee, }} \bigs_{\text{\$certificate of Status & }} \bigs_{\text{\$certified Copy (additional copy is enclosed)}} \bigs_{\text{\$certified Copy (additional copy is enclosed)}} \end{array}

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

Luxury Home	BROKER	es Int	ERNAT	JONAL,	LLC	•
(Name of the Limited L (A F	iability Company Iorida Limited Lia	y <mark>as it now appe</mark> ibility Company	ars on our r	ecords.)		
The Articles of Organization for this Limited Liab Florida document number <u>L/20000 72</u>	oility Company v	vere filed on	MAY 31	, 2012	and as	ssigned
This amendment is submitted to amend the follow	/ing:					
A. If amending name, enter the new name of t	he limited liabil	ity company h	ere:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Com	pany," the de	esignation "LL	C" or the	abbreviation
Enter new principal offices address, if applicat	ole:			<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)					2 2	grades ditur
			····	LAHASSEE	, o	1: Takwer
				333 24	8	
Enter new mailing address, if applicable:			<u>,</u>			
(Mailing address MAY BE A POST OFFICE BOX)				1 0 R D	; 	- Annual of the second of the
				Ü,	0	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	:				
Name of New Registered Agent:	MATTH	FEW F	· Mc	CART	44	
New Registered Office Address: 130 CORRIDOR ROOD # 1009						
New Registered Office Address: -foe: Luxury Home Brokens Twt'L.	MATTHEW F. Mc CARTHY 130 CORRIDOR ROAD # 1009 Enter Florida street address PONTE VEDRA BEACH, Florida 32082. City Zip Code					
Text'c.	YONTE	VEDEA B	each	Florida	320	82.
		Citv			Zip Coc	de

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** <u>Name</u> **Address Type of Action** MATTHEW F. Mc CARTHY MGRM ☐ Add Remove ☐ Add Remove Add Remove ∏Add ☐ Remove Remove 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 MCCARTHY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00