L12000086584

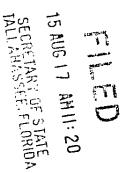
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COVER LETTER

TO: Registration Se Division of Cor			
	EALTY, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sylvester Michaels		
	10 - 10	Name of Person	
	Amity Realty, LLC		
	 ,	Firm/Company	
	323 SUNNY ISLES BLVI	D, SUITE 507	
		Address	
	SUNNY ISLES BEACH.	FL 33160	
		City/State and Zip Code	
	admin@amityrealtyusa.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all: .	
Sylvester Michaels		786 220 2512	
Name o	of Person	at () Area Code Daytime ^	Telephone Number
Enclosed is a check for t	he 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

AMITY REALTY, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companifornia document number L12000086584	y were filed on 07/02/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or address he	office address on our records, enter the mane of the new
Name of New Registered Agent:	·
New Registered Office Address:	
	Enter Florida street address
	. Florida

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 605, 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

SW

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARLES D. MEDALIE	323 Sunny Isles Beach Blvd	
		Suite 507	■ Remove
		Sunny Isles Beach, FL 33160	☐ Change
MGR	MARIA CAMILA MURATA	323 Sunny Isles Beach Blvd	≅ Add
		Suite 507	☐ Remove
		Sunny Isles Beach, FL 33160	Change
			Add
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Filing Fee: \$25.00