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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MAM Realt	y Investors 11c		
		nited Liability Company		
The enclosed Articles of An		-		
Please return all corresponde	ence concerning this matter	to the following:		
		ENA ARLAS		
		Name of Person		
	OROPEL A	ccounting Stax P.A.		
		Firm/Company		
	43 S. Pou	verline Rd #212		
		Address		
	Pomp	City/State and Zin Code	3309	
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		to be used for future annual report notification	27 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
For further information conc	erning this matter, please c	all:		
ENA ARI	'A5	at (<u>540</u>) 629 - 31 Area Code Daytime Tele	20 gphone Number	
Name of Pe	rson	Area Code Daytime Tele	rphone Number - 27 0	
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sec	tion	Street Address: Registration Section	1	
Division of Corp	porations	Division of Corpora		
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Talla 2415 N. Monroe Str		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $O9/13/2012$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	N/A
	~?
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
	N/A
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Bosinson d. Acceptance of the control of the co	City Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
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Filing Fee: \$25.00