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B. BOSTICK NOV **2 1** 2012

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

PRECIOUS HOMES REALTY LLC

SUBJECT:

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:

LUKE JOSEPH

Name of Person

PRECIOUS HOMES REALTY

Firm/Company

20201 NE 29TH COURT #D335

Address

AVENTURA FLORIDA 33180

City/State and Zip Code

ALBERTSECAP@YAHOO.COM

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

For further information concerning this matter, please call:

LUKE JOSEPH

954 479-6141

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

□ \$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

PRECIOUS HOMES REALTY			
(<u>Name of the Limited Lia</u> (A Flo	bility Compar orida Limited L	ny as it now appears on our reconiability Company)	rds.)
The Articles of Organization for this Limited Liabi	lity Company	were filed on 10-30-2012	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
N/A			
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ted Liability Company," the design	nation "LLC" or the abbreviatio
Enter new principal offices address, if applicabl	le:	N/A	77
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>		
			HDV 20 PM 5: 00
Enter new mailing address, if applicable:		N/A	PM 5
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office			enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida s	treet address
			orida
		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>	Address	Type of Action
MGRM	ALBERT NAE	20201 NE 29TH COUR	Add Add
		#D335	Remove
		AVENTURA FL 33180	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			_ _
			F Gdd
		Remove O PM 5: BAdd	
			ASSEE, FLORIDA
			Add
			Remove

D. If amending any other information.	enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
	
OCTODED 42TH	2010
Dated OCTOBER 13TH	
•	(Marie)
	re of a plember of authorized representative of a member
LUKE JOSEPH	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

12 NOV 20 PM 5: 00