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COVER LETTER

TO: Registration Section
Division of Corporations

IRIECT: HOMETERRA REALTY L.L.C.

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:

ANA SALOMON

Name of Person

HOMETERRA REALTY L.L.C.

Firm/Company

960 SW 28 STREET

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

SIRGIOC@AOL.COM

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

For further information concerning this matter, please call:

ANA SALOMON

754 366-2366

Name of Person

Area Code

Daytime Telephone Number

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

HOWELERRA REALLY L.L.			
(Name of the Limited I	Liability Company as it now appea Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 0	1/23/2013	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company b	<u>iere</u> :	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the	e designation "LLC" or the s	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			14 00 T
New Registered Office Address:			SO COMME
_		orida street address , Florida	
Now Degistered Agent's Signature if share in Desi	City		Zip Code 5.7
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered a			

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

 $M\hat{G}R = Manager$

AMBR = Authorized Member **Type of Action Title Name** <u>Address</u> 960 SW 28 ST **MGR SERGIO CONTRERAS** ☐ Add FORT LAUDERDALE, FL 33315 □ Add ☐ Remove □ Add ☐ Remove ☐ Add ⊒□ Remove E C. 00 GP > 3 E C D R€move ☐ Add _□ Remove

Effective (late, if other than the date of filing: 10/20/14 (optional
(The effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
(The effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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