## 113000095346

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## **COVER LETTER**

Division of Cor	rporations		
	EALTORS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LUZ V ABREU		
		Name of Person	
	MIANI HOMES	MANAGEMENT, LLC	
		Firm/Company	
	8333 NW 53RD STREET	SUITE 450	
	<del></del>	Address	
	DORAL FL 33166		
		City/State and Zip Code	
	LABREU@HOMEMIAMI	RE.COM to be used for future annual report notifi	(ication)
For further information of	concerning this matter, please c		teations
	concerning this matter, prease c		•
LUZ V ABREU		305 720-4977 at ()	<del></del>
Name o	of Person	Area Code Daytime	e 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



MIAMI REALTORS LLC
(Name of the Limited Liability Company as it

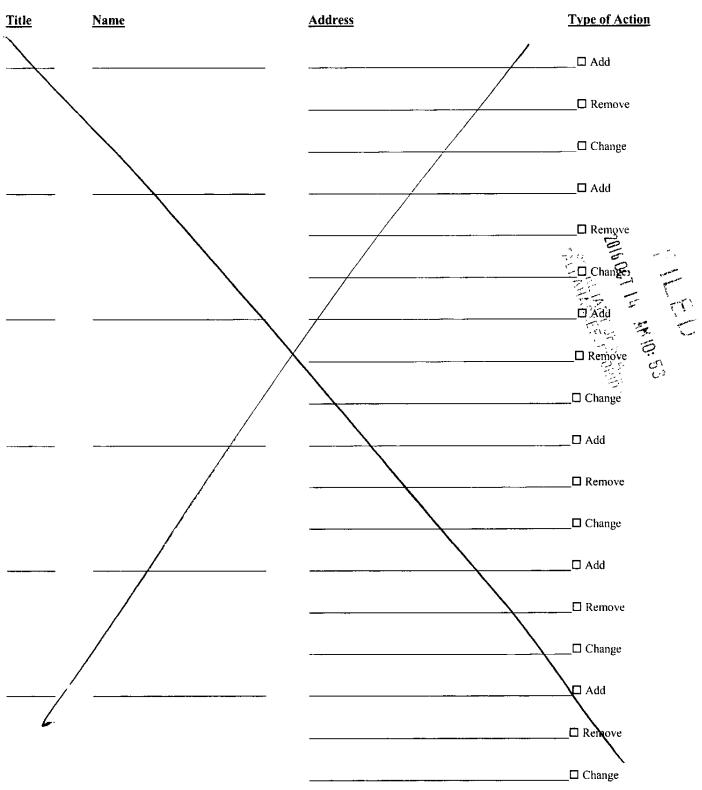
(A Florida Limited I		1 Pin
The Articles of Organization for this Limited Liability Company Florida document number L13000095346	were filed on 07	03 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MIAMI HOMES MANAGENENT, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MIAMI HOMES TEA	M, LLC
(Principal office address MUST BE A STREET ADDRESS)	8333 NW 53RD STRE	ET SUITE 450
	DORAL FL 33166	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Address.	Enter Florida stre	et address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	•	

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 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



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ective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state ent's effective date on the Department of State's records.	tory filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant ate will not b	to 605.0207 (3 be listed as th
ord specifies a delayed effective date, but not an ef 90th day after the record is filed.	ective time, a	t 12:01 a.r	n. on the	earlier of:
october 10 2019				
Signature of member or authorized re	-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00