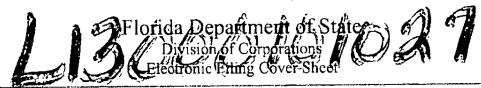
3/30/2020

(((H20000096597 3))) Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000096597 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name : PANELL LAW GROUP, LLC

Account Number : I20130000088 Phone : (305)513-8606 : (305)513-8605

Fax Number

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

eli@wpolaw.com Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 561 NE HOMESTEAD PROPERTY LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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2020-03-30 23:44:50 (GMT) (((H20000096597 3)))

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| 561 NE 1103 | MESTEAD PROPERTY LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspon | idence concerning this matter t | o the following. | |
| | ELI PANELL, ESQ., CPA, | CFP(R), UL M | |
| | | Name of Person | |
| | WERMUTH PANELL OR | TIZ, PI.LC | |
| | | Firm/Company | |
| 8750 NW 36TH ST, SUITE 425 | | | |
| | | Address | |
| | DORAL, FL 33178 | | |
| | ELI@WPOLAW COM | City/State and Zip Code | |
| | | o be used for future annual report notific | ation) |
| For further information co | oncerning this matter, please ca | all: | |
| ELI PANELL, ESQ., CP | A, CFP(R), LL.M | 305 513-8606 at () | |
| Name of Person | | Area Code Daytime | l'elephone Number |
| | | | |
| Enclosed is a check for the | ne following amount. | | |
| € \$25.00 Filing Fee | (1) \$30.00 Filing Fee & Certificate of Status | S\$5,00 Fifing Fee & Certified Copy (additional copy is enclosed) | Soo,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sect | |
| Division of C P.O. Box 633 | | Division of Corp The Centre of Ta | |
| Tallahassee, | | 2415 N. Monroe Tallahassee, FL | Street, Suite 810 |

(((H20000096597 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| *** | NE HOMESTEAD PROPERT | | |
|--|---|---------------------------------|--------------------------|
| (Name of the Limited (A) | Liability Company as it now upp Florida Limited Liability Compan | is) is) | |
| The Articles of Organization for this Limited Liabi Florida document number | | 07/17/2013 | and assigned |
| This amendment is submitted to amend the followi | ing: | | |
| A. If amending name, enter the new name of th | | | abbreviation III.C. |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," (| he designation "LLC" or the | abbreviation EL.C. |
| Enter new principal offices address, if applicabl | le: | | <u> </u> |
| (Principal office address MUST BE A STREET) | ADDRESS) | | 5 1: |
| | | | 27 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address l | istered office address on ot here: | ur records. <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Ente | rFloridastreetaddress | |
| | City | Florida _ | Zip Cock |
| New Registered Agent's Signature, if changing Re- | gistered Agent: | | |

Thereby 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

(((H20000096597 3)))
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 | <u>Address</u> | Type of Action |
|--------------|-------------------|----------------------------|------------------|
| MGR | ANTONIO MASSIMINI | 8750 NW 36TH ST, SUITE 425 | ≣Add |
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| are: It'th | late, if other than the date of file of the date is listed, the date must be specific the date inserted in this block does now a effective date on the Department of | st meet the applicable sta | untory ming requireme | _ (optional) ays after filing) Pursue ents, this date will no | int to 605,020 of be listed a |
| record sp Lis filed | ecifies a delayed effective date, but i | not an effective time, at | 12:01 a.m. on the early | er of (b). The 90th | day after the |
| ated | MARCH 30 | 2020 | Jank | | |
| | Signature o | f a member or authorized r | epresentative of a membe | I | |
| | | | ASSIMINE | | |
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