



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MIAMI HOME DESIGN LLC**  
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:

MANOEL KORT-KAMP  
Name of Person

MIAMI HOME DESIGN LLC  
Firm/Company

2931 NE 2ND AVENUE SUITE A  
Address

MIAMI FLORIDA 33137  
City/State and Zip Code

MANOEL@SAFE GEL.COM  
If email address, use for future annual report notification.

For further information concerning this matter, please call:

MANOEL KORT-KAMP at (305) 571-5024

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

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

2014 JAN 24 PM 12:11  
 FILED  
 CLERK OF STATE  
 TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MIAMI HOME DESIGN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/30/2013 and assigned Florida document number L13000137365

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address may be a post office box)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 any statute relating to the proper and complete performance of my duties and I will indemnify this 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 not been dissolved or merged by this change.

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA  
TALLAHASSEE RECORDS

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

MGR = Manager  
 AMBR = Authorized Member

Title                      Name                      Address                      Type of Action

MGRM    T. J GROUP, LLC    848 BRICKELL AVE PH3 X  
MIAMI, FL 33131     Remove

MGRM    ZENILSON SOUZA    795 NORTH SHORE DR     Add  
MIAMI BEACH, FL 33141     Remove

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Add  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Remove

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Add  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Remove  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Add  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Remove

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Add  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Remove

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 PALM BEACH COUNTY  
 CLERK OF COUNTY  
 PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 the date this document is filed by the Florida Department of State)

Dated 01-16, 2014



Signature of a member or authorized representative of a member

MANOEL KORT-KAMP

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE FLORIDA

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