

L13000141685

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGIC CITY REALTORS, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAGIC CITY REALTORS, 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:

Gryska Sotolongo
Name of Person
Thomas G. Sherman, P.A.
Firm/Company
90 Almeria Avenue
Address
Coral Gables, FL 33134
City/State and Zip Code
Gryska@uniontitleservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gryska Sotolongo at (**305**) **448-5898 ext. 204**
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

MAGIC CITY REALTORS, 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 October 04, 2013 and assigned
Florida document number L13000141685

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)

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TALLAHASSEE, FLORIDA

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

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

Page 1 of 3

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

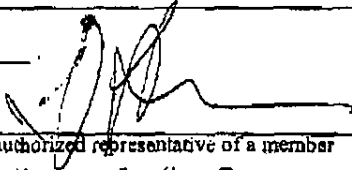
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matt Murray	11620 SW 95th Avenue Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carole Housen, P.A.	7330 Ocean Terrace Unti # 201 Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 29 , 2013



Signature of a member or authorized representative of a member
Thomas G. Sherman, Esq., as attorney for the Company

Typed or printed name of signee

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Filing Fee: \$25.00

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