L13000147273

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 NOV -7 PM 12: 1

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COVER LETTER

	`	OO LIN EET TEN	
TO: Registration Sec Division of Corp		-	
HOM	EOKEY LLC		
SUBJECT:		ted Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DANIELA P. MED	DINA	
		Name of Person	
	HOMEOKEY LLC	;	
		Firm/Company	
	7801 NW 37TH S	T STE LP-104	t
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	•	dina@yahoo.com.ar o be used for future annual report notificati	ion)
For further information co	oncerning this matter, please c	•	iony
Andres Hurtado		305 4238932	
Name of	Person	at () Area Code & Daytime Te	elephone Number
Enclosed is a check for th	e 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

HOMEOKEY 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 Liab Florida document number <u>L13000147273</u>	pility Company were filed on 10/18/2013	200 assigned NOV -7
This amendment is submitted to amend the follow	ving:	ond the second
A. If amending name, enter the new name of t	he limited liability company here:	PM 12: 45 DF STATE E. FLORIDA
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		is, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a 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 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 **Type of Action** Title <u>Name</u> Address IRIS G. ABREGU 7801 NW 37TH ST STE LP-104 **MGR** MIAMI, FL 33166 Remove Remove Add Remove Remove Add Remove

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, · <u>-</u>	
•	

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	·
ated No	evember 04 2013
ateu	Mikuwawi
	Signature of a member or authorized representative of a member
	DANIELA P. MEDINA
	Typed or printed name of signee

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SECRETARY SEE, FLORIDA