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Office Use Only



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ECRETARY OF STATE

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COVER LETTER

Division of Corp			
SUBJECT: Vel	ocity Auction A	Advisory LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mare	o Piccionello Name of Person	· · · · · · · · · · · · · · · · · · ·
		Homes 22C Firm/Company	
		0 SW 134 St Address	#106
		i FL 33186	
	E-mail address: (t	City/State and Zip Code CCiOne 110 2 @be/15 to be used for future annual report notif	southinet
For further information co	ncerning this matter, please ca		
Marco Pice	ionello	at (305) 300 Area Code Daytime	-0870
name of	rerson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

iri.

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

Velocity Auction	Advisory, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\3000(55152</u> .	were filed on 11-4-13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	13190 SW 134 St Svite 106
(Principal office address MUST BE A STREET ADDRESS)	Miani FL 33186
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 here Name of New Registered Agent:	ffice address on our records, enter the name of the new
No a Province of OCC A 11	
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	_	svite 106	Remove
		Miami FZ 33186	Change
MGRM	MRP Homes LLC	13190 SW 134 St	Add
		Suite 106	□ Remove
		Miami PZ 3318L	Change
MGRM	Sancall Corp	13190 SW 134 St	Add
	,	Suite 106	Remove
		Miami FL 33186	Change
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Filing Fee: \$25.00