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SECRETARY OF STATEMENT OF STATE

S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo		·	••	
SUBJECT: Edwin	Lyons Realty LLC			
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
		Shanda L. Shingles		
		Name of Person		
		Firm/Company		
		3720 N.W 170 Street		75 T
		Address	AHASS	FILE STEP STEP STEP STEP STEP STEP STEP STE
	<u>N</u>	Miami Gardens, Florida 33055 City/State and Zip Code	<u></u>	
	sł	handashingles@gmail.com	H	PR 2:
		to be used for future annual report notif	ication)	当の
For further information cor	cerning this matter, please ca	all:); *	. –
Shanda L. Shing		at (786.) 277.0402 Area Code Daytime	e 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 Certificate of Certified Copy (additional copy	f Status & py

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

Edwin Ly	ons Realty LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	11/14/2013	and assigned
Florida document number <u>L13000160315</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company he	ere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			· ·
			ECR.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			5 5
			
			82 %
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	0:	, Florida	2: 0 1
	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>	Address	Type of Action
MGR_	Edwin Lyons	3720 N.W 170 Street Miami, FL 33055	
			🛛 Remove
			Change
MGR_	Shanda Shingles	3720 N.W 170 Street Miami, FL 33055	D Add
			☐ Remove
			☐ Change
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ctive date, if other effective date is listed, t e: If the date inserted iment's effective date	he date must be specified in this block does:	ic and car not meet	nnot be prior t the applic	able statuto		han 90 days a			
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Filing Fee: \$25.00