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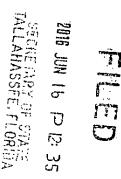
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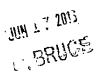
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COVER LETTER

TÖ:		istration Sec sion of Corp			
CHIDIE	CT.	HONSI REA	ALTY GROUP LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The end	closed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return	all correspor	ndence concerning this matter	to the following:	
			THAMARA PEREZ		
				Name of Person	
			TABADESA ASSOCIAT	ES	
				Firm/Company	
			419 W 49 ST, STE 111		
				Address	
			HIALEAH, FL 33012		
			TAMMYP@TABADESA.	City/State and Zip Code	
				to be used for future annual report notification)	
For fur	ther in	nformation co	oncerning this matter, please c	all:	2016 ALL
THAN	/ARA	PEREZ		305 558 - 0622	ALLAHASSE JUN 16
	•	Name of	f Person	at () Area Code Daytime Telephone Nu	mber (SE)
Enclos	ed is a	check for th	ne following amount:		98.8 73.
\$2.	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	10 Filing Fee, 57 ifficate of Status & iffied Copy tional 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

HONSI REALTY GROUP 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 04/14/2014 and assigned Florida document number _____L14000061055 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 contain 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 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	MARIA A. BORZELLINO	6774 NW 109TH AVE	
		DORAL, FL 33178	□ Remove
			LI Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00