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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

. Division of Cor	porations	:		
SUBJECT:	MALVERNE H	OMES, LLC		
50BJEC1:	Name of Lim	ited Liability Company		
Γhe enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	THAMARA PERE	Z		
		Name of Person		
	TABADESA ASS	OCIATES		
		Firm/Company		
	419 WEST 49 S	TREET SUITE 11	1	
		Address		
	HIALEAH, FL	33012		
		City/State and Zip Code		
	TAMMYP@TABA	NDESA.COM to be used for future annual	report notification)	
For further information of	oncerning this matter, please c			
TAMMY PEREZ		305 55	58-0622	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
22 \$25.00 Filing Fee	□ \$30.00 Filing For & Certificate of Status	Certified Copy (additional copy is enc	Certificate of Status	
Registr	ING ADDRESS: ration Section on of Corporations	Registrat	Γ/COURIER ADDRESS: ion Section of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED
LUIS MAR 25	Δι.
FALL AHASSEE.	FSTATE FLORES

Zip Code

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MALVERNE H	HOMES, LLC	TALL
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	FALL AHASSEE, FLORIDE
The Articles of Organization for this Limited Liab	oility Company were filed on05/21/	
This amendment is submitted to amend the follow	ving:	•
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords 'Limited Liability Company," the designation	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	EDUARDO OTERO	11115 W OCKEECHOBEE ROAD	Add
		UNIT # 131	■ Remove
		HIALEAH, FL 33018-4272	
MGR	YAMILA PINA	11115 W OCKEECHOBEE ROAD	□ Add
		UNIT # 131	■ Remove
		HIALEAH, FL 33018-4272	
MGR	OTERO PINA LLC	11115 W OCKEECHOBEE ROAD	■ Add
		UNIT # 131	☐ Remove
		HIALEAH, FL 33018-4272	
MGR	VERITAS DEVELOPMENT	1815 GREGORY ROAD	■ Add
			□ Remove
		WEST PALM BEACH, FL 33406	
			Adds Remove
			Remove Remove Remove

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Page 3 of 3

Filing Fee: \$25.00

