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COVER LETTER

	Registration Se Division of Cor			
enn me		wn Homes Realty LLC		
SUBJEC	T:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Alejandro Vilarello		
			Name of Person	
		Alejandro Vilarello PA		
			Firm Company	
		16400 NW 59th Avenue		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami Lakes, Florida 336	014	
			City/State and Zip Code	
		AVLAW@vilarello.com		
Carationale e	i 6		to be used for future annual report notific	cation)
		oncerning this matter, please co		
Alejandro	o Vilarello		305 299-5550	
	Name of	f Person	at ()	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 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:

TO:

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

EZ 2 Own Homes Realty, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document numberL14000127320	/ were filed on08/13/2014	and assigned
his amendment is submitted to amend the following:		
s. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 √∑.
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		N (2)
THE THE PARTY OF THE DAY OF THE DAY OF		0 5-
		<u></u>
. If amending the registered agent and/or registered o gistered agent and/or the new registered office address her		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emice i un au succe unacess	
	, Florida	Zip Code
	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	Annemarie Redero Daruna	6790 SW 99 AVE, MIAMI, FI 33173	🗎 Add
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E. Effectiv	e date, if other than tl	ie date of filing:	06/15/2018 :		(optional)	
	rtive date is listed, the date n f the date inserted in this					
docume	nt's effective date on the	Department of St	ate's records.			
If the rece	ard specifies a delay	ad affactiva d	eta but nat a	a offactive tim	n at 13:01 a.m.	on the earlie
	ord specifies a delay 90th day after the re		ice, out not a	ii enective tiin	e, at 12.01 a.m.	on the earne
	June 14		.2018)	_		
Dated _				./,		
			// / _			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00