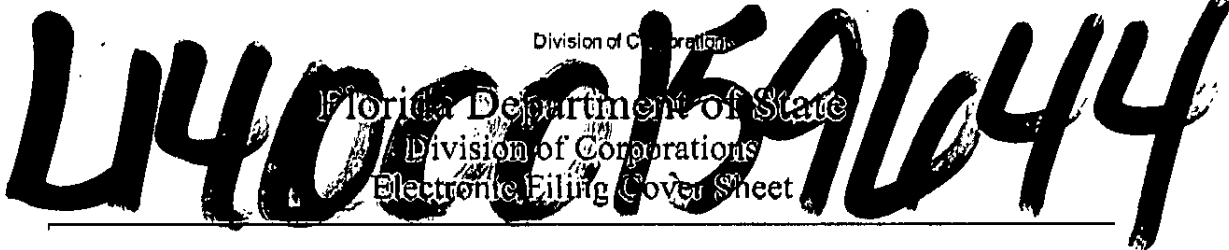


10/16/2014



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000243000 3)))



H140002430003ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BARBOSA LEGAL  
Account Number : I20110000049  
Phone : (305)501-4680  
Fax Number : (305)359-9543

FILED  
2014 OCT 16 AM 8:40  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: bbarbosa@barbosalegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MYRIAD PROPERTY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
14 OCT 16 PM 12:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

OCT 17 2014  
J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

H1400024300 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Myriad Property Services, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Bruna Barbosa**

Name of Person

**Barbosa Legal**

Firm/Company

**407 Lincoln Rd PH-NE**

Address

**Miami Beach/ FL , 33139**

City/State and Zip Code

**bbarbosa@barbosalegal.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Bruna Barbosa**

**305 501-4680**  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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

H1400024300 3

FILED  
2014 OCT 16 AM 8:40  
TALLAHASSEE FLORIDA  
CLERK OF STATE

H1400024300 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Myriad Property Services, 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 10/13/2014 and assigned  
Florida document number L14000159644.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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 603, 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**

**Page 1 of 3**

H1400024300 3

H1400024300 3

- 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jorge da Silva, Heber	407 Lincoln Rd PH-NE	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
MGR	Jorge, Heber	407 Lincoln Rd PH-NE	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 OCT 16 AM 8:40  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

FILED

H1400024300 3

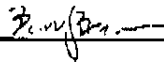
H1400024300 3

- D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

- E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 16, 2014

  
Signature of a member or authorized representative of a member  
Bruna Barbosa, Esq.  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
2014 OCT 16 AM 8:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

H1400024300 3