## L/4000/75538

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## **COVER LETTER**

Division of	f Corporations	
CORA SUBJECT:	AL WAY LUXURY HOMES, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Alvaro Castillo	
	Name of Person	
	Castillo & Associates	
	Firm/Company	
	1390 Brickell Avenue Suite 200	
	Address	
	Miami, FL 33131	
	City/State and Zip Code	
	alvaro@alvarocastillopa.com	
	E-mail address: (to be used for future annual report notification)	
For further informat	tion concerning this matter, please call:	
Alvaro Castillo	305 371-5540 at ()	
Na	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fe	ee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Certificate of Status \$\square\$ Certified Copy \$\square\$ (additional copy is enclosed) \$\square\$ Certified Cop (additional copy is enclosed)	f Status & Dy

MAILING ADDRESS:

TO:

**Registration Section** 

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



CORAL WAY LUXURY HOMES, LI		
(Name of the Limited   (A	iability Company as it now appears on our reco forida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabi Florida document number £14000175538		and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
BARNES INTERNATIONAL REALTY LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e;	
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
_		Florida
	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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effect	ive date is listed, the date must be the date inserted in this block t's effective date on the Depa	k does not meet th	e applicable statut	iling or more than 90 day ory filing requiremen	ys after filing.) Pursu its, this date will n	ant to 605.0207 (3 ot be listed as th
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Page 3 of 3

Filing Fee: \$25.00