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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: ** Registration Section Division of Corporations

| SUBJECT: | Miami Sun Realty LLC | | | | |
|-----------------------------|--|---|----------------------------------|-----------------------------|--|
| SCBGEOT. | Nam | e of Limited | l Liability Company | | |
| Dear Sir or I | Madam: | | | | |
| The enclosed | d Registered Agent/Registered Offic | ce Change a | and fee(s) are submitted for fil | ing. | |
| Please return | all correspondence concerning this | s matter to t | he following: | | |
| Svitlana F | idler | | | | |
| | Name of Person | | | | |
| Miami Sur | n Realty LLC | | | | |
| | Firm/Company | , | <u> </u> | | |
| 1680 Mich | nigan Ave 700 | | | | |
| | Address | | | ₹ | |
| Miami Bea | ach, FL 33139 | | | SECR NLLA | |
| | City/State and Zip Code | | | AUS 19 CRETARY AHASSE | |
| svitlana@ | miamisunrealty.com | | | 1,100 | |
| E-mail | address: (to be used for future annu | ual report no | otification) | P IZ: FLOR | |
| For further i | nformation concerning this matter, | please call: | | 7. 40 2. 40 | |
| Svitlana F | idler | 305 | 504-8509 | | |
| | Name of Person | | Area Code & Daytime T | elephone Number | |
| Reg Divi Clift 266 | REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enc | losed is a check for the following | amount: | | | |
| □ \$: | 25 Filing Fee | Ø | \$55 Filing Fee & Certified C | Сору | |
| INHS18 (2/14 |)) | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida I | Company as it now appears on our records.) mited Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Com Florida document number | No. at 1 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| N/A SAME | d Liability Company," the designation "LLC" or the abbreviation "L L.C." |
| | |
| Enter new principal offices address, if applicable: | 1001 N Federal Hwy * 308 |
| <u>(Principal office address MUST BE A STREET ADDRE</u> | SS) KALLANDASO BEACH, FI 3200 |
| | |
| Francisco de la constante de l | 1680 Nichian ANR #700 |
| Enter new mailing address, if applicable: | Mipmi Beach, FI 33139 |
| (Mailing address MAY BE A POST OFFICE BOX) | MINING ISCHALL IT USIST |
| registered agent and/or the new registered office addres | red office address on our records, enter the name of the new ss here: |
| Name of New Registered Agent: | |
| New Registered Office Address: [00] | M Feder A Wy ma08 Enter Florida street address 77 0 |
| Hallo | Andale beach, Flores 35000 |
| | City |

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> Type of Action Name <u>Address</u> □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change **5**□ Add □ Remove ☐ Change

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| ffecti | ive date, if other | than the date of the date must be specif | filing: | 1 . 20 | 15 | _ (optional |) | |
| f an eff | ective date is listed, t | the date must be specif d in this block does | ic and cannot be p | prior to date of fil | ing or more than 9 | 0 days after filing | g.) Pursuant to 6 e will not be l | 505.0207 isted as |
| locum | ent's effective dat | e on the Departmen | t of State's reco | ords. | .,gq | | | |
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| | | Signature | e of a member or | authorized repre | ontaine of a men | | 200 <u>−</u> | |
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Filing Fee: \$25.00