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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 1 3 2015 **T. HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporat	tions		
SUBJECT: MionM	Realty J. Mame of Limited	Management LL d Liability Company	C
The enclosed Articles of Amer	ndment and fee(s) are submi	tted for filing.	
Please return all correspondence	ce concerning this matter to	the following:	
_	china	Mg Zhaw Vame of Person	
_	,	y) Managemen	t LLC
	8330 NW	19/ Lane	
	Hialeah,	7-6 33015	
	Lucy zh	City/State and Zip Code One of MSN Co The used for future annual report notificati	on) -
For further information concer	ning this matter, please call		2
Chinon grand of Pers	hao	at (786) 223 Area Code Daytime Tel	3656 Tephone Number
Enclosed is a check for the fol	lowing amount:		
□ \$25.00 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: 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

•	01	Bo T
Miam, Realty (Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	ECRETIAN 2
(A Florida Limited	J Liability Company)	SEL
The Articles of Organization for this Limited Liability Compan Florida document number <u>2/50000047/0</u>	ny were filed on 1/08/1	or state F. Floridassianed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Miami Really J Monage ment The new name must be distinguishable and end with the words "Limited Lie Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "LLC"	or the abbreviation "L.L.C." Oologian John 1330/5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	The First Hard Co. Hear Co.	
	, Flori	
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		-	□ Remove
			
			Add
			Remove
		<u></u>	SECRETARY OF STATE ARMS SEE, FLORIDA
			PROPERTIES AND A SSEE, FLORIDA
			·
			☐ Remove
			□ Add
			☐ Remove

				,	
			<u></u>		
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Filing Fee: \$25.00

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