

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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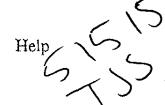
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METROHAVANA TOWN HOMES, LLC

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

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METROHAVANA TOWN HOMES, LLC			
(Name of the Limited Lighility Comps (A Florida Lumited I	ny sa it now appears on our re- liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on 1/15/2015	· · · · · · · · · · · · · · · · · · ·	_and assigned
Florida document number L15000009165			
This amendment is submitted to amond the following:			
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		·····	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	20 5	
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Enter new mailing address, if applicable:		第2 三	
Mailing address MAY BE A POST OFFICE BOX)		- R D	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the	e name of the
Name of New Registered Agent:		····	
New Registered Office Address:			
	Enter Florida street ad	ldress	
		, 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RICHARD TRINIDAD	717 PONCE DE LEON BLVD	D Add
		STE: 324	Remove
		CORAL GABLES, FL 33134	CI Change
AMBR	KELLY BEAM	717 PONCE DE LEON BLVD	
· · · · · · · · · · · · · · · · · · ·		STE: 324	CI Remove
		CORAL GABLES, FL 33134	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cu te: If the date inserted in this block does not mee	nnot be prior to o	ate of filing or mo	e than 90 days aft	10 na () r filing.)]	Pursuant to 605.0
te: If the date inserted in this block does not mee nument's effective date on the Department of State	t the applicable e's records.	statutory, hlung	requirements, ir	iis date w	ill not ce lizica
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record specifies a delayed effective dat he 90th day after the record is filed.	e, but not a	n effective ti	me, at 12:01	a.m. o	n the earlier
ed May 14	2015	,			
12/18/70					