5000087610

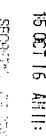
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

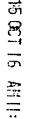
Office Use Only



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COVER LETTER

	Registration Sec Division of Corp					
CUBIEC	Karma Real	ty, LLC				
SUBJEC	-1: <u> </u>	Name of Limi	ted Liability Company	·		
The encl	osed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please re	turn all correspo	ndence concerning this matter t	o the following:			
		Marc Brandes, Esq.				
			Name of Person			
		Kurkin Brandes LLP				
	Firm/Company					
		18851 NE 29th Avenue, Se	nite 303			
			Address			
		Aventura, FL 33180				
			City/State and Zip Code			
		mbrandes@kb-attorneys.com	m to be used for future annual report notif	ication)		
For furth	ner information c	oncerning this matter, please ca	·	•		
Stacy St	antiago		305 929-8503 at ()			
	Name o	(Person	Area Code Daytime	ing: of Person Company dress and Zip Code future annual report notification) OF Siling Fee & Section Status & Certificate of Status & Certificat		
Enclosed	d is a check for t	he following amount:				
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		

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 **ARTICLES OF ORGANIZATION OF**

Karma Realty, LLC

(Name of the Limited Liability Company as it now appears on our records.)).

(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>µ5000087610</u>	Company were filed on 5/18/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited ligbility company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		. Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Register	ed 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>	<u>Name</u>	Address	Type of Action
MGR, AN	Patricia Hayim	100 Royal Plaza Drive	
		Ft. Lauderdale, FL 33301	■ Remove
			Change
MGR	Stephen Demos	3602 NE 21st Avenue	Add
		Lighthouse Point, FL 33064	□ Remove
			□ Change
			D Add
			Remove
			☐ Change
			_ □ Remove
		the state of the s	☐ Change
		<u> </u>	Add
		Marie III	□ Remove
			□ Change
			D Add
			Remove
			☐ Change

Effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 [Sole:: [The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [Sole:: [The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [Solid Department of State and State are considered as a statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [Solid Department of State are considered as a statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [Solid Department of State are considered as a statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [Solid Department of State are considered as a statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [Solid Department of State are considered as a statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.	****							
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Signature of a member of a horized representative of a member	ated Octo	ober 15,		2015	•			
Signature of a member of all horized representative of a member			1)					
, (Signature	of a member of aid	سعر orized representativ	e of a member		
Patricia Hayim			- 4		•			
	-			Typed or print	ted name of signee			

Page 3 of 3

Filing Fee: \$25.00