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ALLAHASSEE, FI ORIDA

HIN O. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Many Home Restriction Company LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claire Amerena London
Name of Person

Miami Home Restoration Company

136, Wooderest Road
Address

Key biscause Fh. 33/49

Stry/State and Zip Code

Claire amerena London

E-mail address: (to be used for future annual report notification)

For further information co	oncerning this matter, please cal	1:		ਰੂ ਂ		
Claire Ame	erem London	at (<i>30</i> 5_)	310-9	4776 P.S.	2015 NG	77
Name of	Person	Area Code	Daytime Tele	ephone Number F	0V -5 E	m
Enclosed is a check for the	e following amount:			[0] [S]		D
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Certificate of Certified Contact (additional copy	f S Ta tus a	

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 ORGANIZATION OF Miami Home Poctoration

Mamu Tome Losto (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	2011 SEC
	Enter Florida street address
	City Florida 20 1 Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and Pam farthiar with and ovided for in Chapter 605, F.S. Or, if this document is

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Michael Angelo Russe	1 2699 Tigertail Ave, Mianni FL. 331.	<i>Apr[#]53</i> ★ Add
	V	Miami FL. 331.	Remove
			Change
			□ Add
			Remove
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Effective date, if other than the date of filing: ////2015 (optional)	5 7
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afterfiling.) It is date with the date inserted in this block does not meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	Jursuant 45 60 5.0207 (III not be listed as t
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document's effective date on the Department of State's records.	. 0
the record specifies a delayed effective date, but not an effective time, at 12:0 🖼 m. 🕞	the earlier of:
The 90th day after the record is filed.	
2015	
Dated	
Signature of a member or authorized representative of a member	
21 11 12 21 -1 1 1 -1 1 -1 1	
CLAIRE AMERENA LONDON. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00