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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
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D. SCOTT

JAN 4 2017

COVER LETTER

| | ision of Corp | | | | | | |
|-----------------|-----------------|--|---|------------------------------|---------------------------------------|--|--|
| SUBJECT: | TURNKEY | REALTY GROUP, L.L.C. | | | | | |
| SUBJECT. | | Name of Limit | ted Liability Company | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are subn | nitted for filing. | | | | |
| Please return | all correspor | ndence concerning this matter t | o the following: | | | | |
| | | MIGUEL A. REYES | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 8725 SW 96 ST | | | | | |
| | | | | | | | |
| | | MIAMI, FL 33176 | | | | | |
| | | City/State and Zip Code mreyes@homelivingrealty.com | | | | | |
| | | É-mail address: (to be used for future annual report notification) | | | | | |
| For further | information co | oncerning this matter, please ca | all: | | | | |
| MIGUEL A. REYES | | 305 914- at () | 2200 | 13.5EO | | | |
| | Name o | f Person | Area Code | Daytime Telephone Number | ling Fee Status & S | | |
| Enclosed is | a check for the | ne following amount: | | | | | |
| \$25.00 | Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certifica osed) Certified | te of Status & Copy 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 OF

| (Name of the Limit | | ny as it now appears on our records.) Liability Company) | | |
|--|----------------------|---|--------------------------|--|
| The Articles of Organization for this Limited Life Included Life Include | ability Company | were filed on 3/9/2016 | and assigned | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | |
| HOME LIVING REALTY, L.L.C. | | | | |
| The new name must be distinguishable and contain the v | ords "Limited Liabil | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 9425 SUNSET DRIVE STE #211 | | |
| (Principal office address MUST BE A STREE | | MIAMI, FL 33173 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | 9425 SUNSET DRIVE STE #211 MIAMI, FL 33173 | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | MIGUEL A. R | re: REYES | nter the name of the n | |
| New Registered Office Address: | 9425 SUNSET | Γ DR. STE #211 Enter Florida street address | He D | |
| | MIAMI | , Florid | a 33173 S | |
| | | City | Zip:Code (3) | |

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, Thereby 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 | MIGUEL A. REYES | 9425 Sunset Drive Ste #211 | ■ Add |
| | | Miami, FL 33173 | □ Remove |
| | | | ☐ Change |
| MGR | JENNIFER M. REYES | 9135 SW 138 Pl Miami, FL 33186 | |
| | | Miami, FL 33186 | ■ Remove |
| | | | Change |
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| ffective date, if other than the data an effective date is listed, the date must be to the date in this block ocument's effective date on the Department. | ate of filing: e specific and cannot k does not meet the | applicable statutor | ng or more than 90 days a ry filing requirements, | p tional) after filing.) Pursuant to 605.020 , this date will not be listed a |
| e record specifies a delayed of The 90th day after the recor | | out not an effec | ctive time, at 12:0 |)1 a.m. on the earlier o |
| December 30th | 201 | 6 | | 拉图 |
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| | gnature of a member | or authorized repres | entative of a member | 3 |

Page 3 of 3

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