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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Rı	usiness Entity Nam	<u>e)</u>
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(UX	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mega Casas U.S. Realty Lice 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:
SiLuia De Leon Name of Person
Mega Casas U.S Realty, 40
/206 24th St
Orlands FL 32805 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SiLvia De Lem at (407) 717 - 3958 Name of Person at (407) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Status Solution S

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

Mega Casas	U.S. Realty LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Dany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	y were filed on $3/10/2016$ and assigned
A. If amending name, <u>enter the new name of the limited lial</u>	ني <u>ف</u> <u>bility company here:</u>
	·
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1206 241L S+-
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL
	39805
Enter new mailing address, if applicable:	1206 24H. St.
(Mailing address MAY BE A POST OFFICE BOX)	Orlando Fl
	32805
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	
Name of New Registered Agent:	SiLvia De Lean
New Registered Office Address:	1206 2414. St. Enter Florida street address
	Original 32805 City Zip Code
	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
			Add
			Remove
			Remove
			☐ Change
			
		····	Remove
			☐ Change
			Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 te: If the date inserted in this block does not meet the applicable statutory filing requires cument's effective date on the Department of State's records.	(optional)) days after filing.) Pursuant to 605.020 ments, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier o
signature of a member or authorized representative of a member of	Der

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Filing Fee: \$25.00