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(Red	questor's Name)	
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Division of Cor	porațions	ŕ	
SUBJECT: MO	ro Homes	LLC	
30bjrc1:	Name of Lim	ited Liability Company	
-			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HARTEA	Name of Person	
	<u>Ove</u>	ellasen LLC Firm/Company	
	11325 NW	87th LANE Address	
	Do	2AL, FL 33178 City/State and Zip Code	
	Overlag E-mail address: (1	35en 123 @ 91 No be used for future annual report nouli	mailcom
For further information of	oncerning this matter, please ca	ıll:	
Marcha	Grana	305 786	29147
Name o	f Person	Area Code Daytime	Telephone Number
		•	
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	ny as it now ap Liability Compa	pears on our reco	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600013490</u> .	were filed on	06/13	3 2016	_ and assigi
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility compan	y here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," t	he designation "Ll	LC" or the abbre	viation "L.L.C
Enter new principal offices address, if applicable:	113	25 NW	874	LANE
(Principal office address MUST BE A STREET ADDRESS)		al, FL	33178	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our recor	ds, enter the	e name of
	<u>-</u> -			五
Name of New Registered Agent:	trita	GUZHA		<u>h</u> 4
New Registered Office Address: 11325		37th LA	NE "	
	City Enter	Florida street addi	ress Florida <u>33</u>	3178 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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, Senature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	Proraima Homes LLC	1285 SW 24 AVE	Add
		1285 SW 24 AVE FT LAUDERDALE, FI 33312	Remov
			Change
			🗖 Add
			□ Remov
		- <u></u>	Change
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Filing Fee: \$25.00