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MAY 23 2018

COVER LETTER

TO:	Registration Se Division of Cor			
	MARAID I	REALTY "L.L.C"		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		MARICELA RODRIGUEZ	Z	
		<u> </u>	Name of Person	
		MARAID REALTY "L.L.C		
			Firm/Company	
		7900 OAK LN SUIT 400		
			Address	
		MIAMI LAKES, FL,33016	6	
			City/State and Zip Code	
		MARAIDREALTY@GMA		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	ill:	
MARI	ICELA RODRIGU	EZ	786 267-7222	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
₩ \$2	5.00 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)

MAILING ADDRESS:

TO:

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 Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 06/28/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company " the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7900 OAK LANE	and according to the control of the
Principal office address MUST BE A STREET ADDRESS)	SUIT 400	
Trincipal office address MOST DI. A STREET ADDRESS	MIAMI LAKES, FL. 33016)
Enter new mailing address, if applicable:	7900 OAK LANE	P4 (**)
Mailing address MAY BE A POST OFFICE BOX)	SUIT 400	
Mailing address MAT BE A POST OFFICE BOX)	MIAMI LAKES, FL. 33016	
		
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 		nter the name of the
Name of New Registered Agent:		•
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	

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>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
		 	
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

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ective date, if other than the	05/15/2018 date of filing:	(antional)	
n effective date is listed, the date mus-	be specific and cannot be prior to date of ack does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursu ntory filing requirements, this date will no	ant to 605.020 ot be listed a
record specifies a delayed The 90th day after the reco		fective time, at 12:01 a.m. on th	ie earlier
MAYO 15TH ted	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00