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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates of | Status |
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| Proceedings of Corporation Security Division of Corporation (Corporation Corporation Security | | mar 4 | Mark. |
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| | RESIDENTIAL PROPERTIE | SILC 🦖 | |
| SUBJECT:* | Name of Lim | ited Liability Company | * |
| | • | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | RAQUEL P CUETO | | |
| | | Name of Person | |
| | MANTUA RESIDENTIA | L PROPERTIES LLC | |
| | | Firm/Company | |
| | 12930 SW 191ST ST | | |
| | | Address | |
| | MIAMI, FL 33177 | | |
| | | City/State and Zip Code | |
| | praxy00@gmail.com | | |
| | E-mail address: (| to be used for future annual | report notification) |
| For further information c | oneerning this matter, please c | all: | |
| RAQUEL P CUETO | | | 3-9186 |
| Name o | f Person | at () Area Code | Daytime Telephone Number |
| 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 en | Certificate of Status & |
| | | | |
| Mailing Addres Registration S | | Street A | ddress: ation Section |
| Division of C | | _ | n of Corporations |
| P.O. Box 632 | | | entre of Tallahassee |
| Tallahassee, l | | | . Monroe Street, Suite 810 |
| | | Tallaha | issee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANTUA RESIDENTIAL PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I | Liability Compan | y were filed on 04/28/20 | ol7 and assigned |
|--------------------------------------------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|
| Florida document number L19000303186 | , | | |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liab | bility Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | 12930 SW 191ST S | Т |
| (Mailing address MAY BE A POST OFFICE BOX) | | MIAMI, FL 33177 | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | ~ / | e address on our record | s, enter the name of the new registered |
| Name of New Registered Agent: | RAQUEL P | CUETO | |
| New Registered Office Address: | 12930 SW 1 | 91ST ST | |
| New Registered Office Address. | | Enter Florida str | eet address |
| | MIAMI | * | , Florida <u>33177</u> |
| | | 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.

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 |
|--------------|---------------|-------------------|----------------|
| MGR | IDELYS AMADOR | 11885 SW 189TH ST | □Add |
| | · | MIAMI, FL 33177 | ■Remove |
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| | r programme and the second | |
| Tective date, if other than the date of an effective date is listed, the date must be speci | ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 | 5.0207 |
| ote: If the date inserted in this block does | s not meet the applicable statutory filing requirements, this date will not be list | ted as |
| ocument's effective date on the Departmen | in of State S records. | |
| | | |
| record specifies a delayed effective date, b is filed. | out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er the |
| | | |
| , DECEMBER 30 | 2019 | |
| ated | | |
| K. | | |
| Signatur | re of a member or authorized representative of a member | |
| <i>'</i> / | | |
| RAQUEL P CUETO | | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00