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| (Be | usiness Entity Name) | |
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| Consist to the state of the | Filing Officer | |
| Special Instructions to | Filing Officer. | |
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Office Use Only



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February 23, 2021

ALFREDO HASSUN 14080 SW 47TH ST MIAMI, FL 33175

SUBJECT: MINT A REAL ESTATE BROKERAGE, LLC

Ref. Number: L16000218282

We have received your document for MINT A REAL ESTATE BROKERAGE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00004061

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

| TO: Registration So Division of Cor | | | |
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| | | LLC | |
| SUBJECT: | 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: | |
| | Alfredo Hassun | | |
| | | Name of Person | |
| | MINT A REAL ESTATE I | BROKERAGE, LLC | |
| | | Firm/Company | |
| | 14080 SW 47th St | | |
| | REAL ESTATE BROKERAGE, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing, bondence concerning this matter to the following: Alfredo Hassun Name of Person MINT A REAL ESTATE BROKERAGE, LLC Firm/Company 1-4080 SW 47th St Address Miami, FL 33175 City/State and Zip Code mintbrokerage@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 305 397-6377 at (| | |
| | Miami, Ft. 33175 | | |
| | mintbrokerage@gmail.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Alfredo Hassun | | | |
| Name o | d Person | at () Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| #\$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Se Million a Ch | | Causana Adda | |

Mailing Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINT A REAL ESTATE BROKERAGE, 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 Liability Company were filed on ______ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MINT REALTY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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 = | : | Ma | nager |

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| famenc | ling any other information, enter change(s) here: (Attāch ādditional sheets, if necessary.) |
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| vote: If | edate, if other than the date of filing: |
| record s Lis filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | 2/16/ 2021 |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Alfredo Hassun |
| | Typed or printed name of signee |