Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

105 MANSIONS LLC		
(Name of the Limited Liability Co. (A Florida Limit	noany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 03/29/2017	and assigned
Florida document number L17000071711		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited in	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Corinary "the decimation "Y Y C"	the obbandarion for Y. O.B.
·	adminy Company, the designation the d	t die andreviation (L.L.C.)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
•		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		F. 6
		and B m
B. If amending the registered agent and/or registered		entershe made of the new
registered agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	C)to	7in 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

MAY/30/2017/TUE 02:07 PM

FAX No.

P. 003

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Milagro Parra De Dominguez	7079 NW 104 CT	
		DORAL, FL 33178	□ Remove
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30/2017/TUE 02:07 PM	m-tion	FAX No.		P. 004	:
If amending any other inform	nauon, enter change(s) n	iere: (Attach udditional s)	ieets, if necessary.)		
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Effective date if other than th	is data of filings		(antional)		
Effective date, if other than the fan effective date is listed, the date m	ust be specific and cannot be pri	or to date of filing or more than	90 days after filing.) Purs	uent 10 605	5.020
Note: If the date inserted in this document's effective date on the	block does not meet the appl Department of State's record	licable statutory filing requir is.	ements, this date will t	not be list	ed as
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ne record specifies a delaye		not an effective time, a	t 12:01 a.m. on t	he earli	er o
The 90th day after the re	cord is filed.				
MAY 30	2017				
Dated		·			
	Oman (2. Dominaue	1		
	Signature of a member or au	thorized representative of a mer		·	
	OMAR A	. DOMINGUEZ			
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