UTCOBOLO19

| (Requestor's Nan | ne) |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Ph | none #) |
| PICK-UP WAIT | MAIL |
| (Business Entity | Name) |
| (Document Numb | per) |
| Certified Copies Certification | ates of Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corp | | | |
|-----------------------------|--|---|--|
| SUBJECT: | MY HOME | REALTY | LLC |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for tiling. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | MAYRA | MANTI Name of Person | NEZ |
| | | HOME REA | |
| | 13200 | Firm/Company SW 17 M. Address | i ct |
| | | | |
| | MIRA | MAR, FI 3 | 3027 |
| | MAYRA Q | City/State and Zip Code MARTINEZ HO. | ME REALTY, COM |
| | E-mail address: (t | o be used for future annual report noti | fication) |
| For further information cor | ncerning this matter, please ca | all: | |
| MAYRA MI Name of I | ARTINE Z Person | at (<u>954</u>) <u>55</u> Area Code Daytim | -8-3885 e Telephone Number |
| | | | |
| Enclosed is a check for the | 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) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

| , | | REALTY | | |
|--|--------------------------------|---|------------------------------|--------------------------------|
| (<u>Name of the Limite</u> (| d Liability C A Florida Lir | Company as it now app nited Liability Compar | oears on our records.) y) | |
| he Articles of Organization for this Limited Lia Iorida document number <u>L/7<i>0001</i></u> | ibility Com | pany were filed on 19 | 6-15- | 17 and assigned |
| his amendment is submitted to amend the follo | wing: | | | |
| . If amending name, enter the new name of | the limited | l liability company | here: | |
| he new name must be distinguishable and contain the wo | | NA | | |
| ne new name must be distinguishable and contain the we | ords "Limited | Liability Company," ti | ne designation "LLC" or the | abbreviation "L.E.C." |
| nter new principal offices address, if applica | ble: | | N/A | |
| Principal office address MUST BE A STREET | ADDRES | <u></u> | | |
| | | | | |
| Inter new mailing address, if applicable: | | | N/A | 17 17 |
| Mailing address MAY BE A POST OFFICE E | BOX) | | , | |
| | | | | 7.2 |
| | | | | |
| . If amending the registered agent and/o | | | on our records, ente | er the name of the no |
| egistered agent and/or the new registered off | <u>ice address</u> | <u>s here</u> : | | 35 S |
| Name of New Registered Agent: | | MAYRA | MARTII | VEZ Ct 33027 Zip Code |
| New Registered Office Address: | / | 13200 | SW 17 | ct. |
| | | Enter . | Florida street address | |
| | MI | RAMAR | , Florida | 33027 |
| | | 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|--------|-------------|-------------------|--------------------------|
| MGRI | MAYRA MARTI | NET 13200 SW 17CA | <i>∮</i> p Add |
| MEMBER | | MIRAMAR EL | Remove |
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| Effective | e date, if other than the date of filing: $(6-15-17)$ | ptional) |
| f an effec | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a | ptional) ifter filing.) Pursuant to 605.0 |
| f an effec <u>Note:</u> If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a the date inserted in this block does not meet the applicable statutory filing requirements, | after filing.) Pursuant to 605.0 |
| f an effec <u>Note:</u> If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a | after filing.) Pursuant to 605.0 |
| f an effec <u>Note:</u> If Jocumen | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a 'the date inserted in this block does not meet the applicable statutory filing requirements, it's effective date on the Department of State's records. | offer filing.) Pursuant to 605.0 this date will not be listed |
| fan effec <u>Note:</u> If documen ie reco | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a the date inserted in this block does not meet the applicable statutory filing requirements, it's effective date on the Department of State's records. rd specifies a delayed effective date, but not an effective time, at 12:0 | offer filing.) Pursuant to 605.0 this date will not be listed |
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Page 3 of 3

Filing Fee: \$25.00