

**L17000149397**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H170001844103)))



H170001844103ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
 Account Number : I20160000060  
 Phone : (407)674-8969  
 Fax Number : (407)674-8970

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

RECEIVED

2017 JUL 14 AM 11:54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2017 JUL 14 P 12:18

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MIRAI HOMES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

D. BRUCE  
 Help  
 JUL 17 2017

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
MIRAI HOMES LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 07/12/2017 and assigned Florida document number .

Florida document number: L17000149397

**Article I**

**A. If amending name, enter the new name of the limited liability company here:**

---

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**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)**

---

**Article IV**

**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: EXECUTIVE VILLAS FLORIDA COM. INC

New Registered Office Address: 1437 DEUCE CIRCLE, DAVENPORT, FL 33896

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Andrew Booth

Signature of New Registered Agent, if changing

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUL 14 P 12:18

FILED

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**

Title	Name	Address	Type of Action
-------	------	---------	----------------

**E. Effective date, if other than the date of filing: (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 14<sup>th</sup> July, 2017

Jose Eduardo Correa.

Signature of a member or authorized representative of a member

JOSE EDUARDO CORREA (AMBR)

Typed or printed name of signee

2017 JUL 14 P 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED