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COVER LETTER

TO:	Registration Section Division of Corpora		•	
SUBJE	ct: <u>Miam</u>	i Vibe Real	ty LL C	· · · · · · · · · · · · · · · · · · ·
The end	losed Articles of Ame	endment and fee(s) are subt	nitted for filing.	
Please i	eturn all corresponder	nce concerning this matter t	to the following:	
	-	Donnie	Name of Person	
	-	_	+A+e Firm/Company	
	-	55 MERRIC	K WAY 402	
	-	CORAL GABL	ES FL 33131 City/State and Zip Code	1
	_	donnieOluxe	o be used for future annual report no	
For furt		E-mail address: (t	•	tification)
Do	nnie Simr Name of Per	nons JR	at (786) 379 Area Code Daytin	95 28 ne Telephone Number
Enclose	d is a check for the fo	Howing amount:		
\$2 5	.00 Filing Fee C	1 \$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, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI VIBE RI	EALTY LLC
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 180000 22 43 2</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	
National Action Action	0 1.0
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECRETALLY
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	HASSEE FL
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			☐ Remove
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lf an effe <u>Note:</u> I	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	February II, 2019 Donnie S Signature of a member or authorized representative of a member
	Donnie Simmons JR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00