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	gistration Se vision of Cor			
SUBJECT:	Miami Chalets LLC Name of Limited Liability Company			
SUBSECT.				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael Davey		
			Name of Person	
		Granados Davey LLP		
			Firm/Company	
	240 Crandon Blvd., Ste. 263			
			Address	
Key Biscayne, FL 33149				
•			City/State and Zip Code	
		mdavey@granadosdavey.co		·
For further in	nformation co	oncerning this matter, please ca	to be used for future annual report notifi all:	
Michael Da	vey		305 639-8293 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Miami Chalets 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 January 31, 2018 and assigned Florida document number _____L18000028683 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Little River 7629 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 Office Address: Enter Florida street address 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 w

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents 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

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an and a manifest and I am familiar with an and I am familiar with an and I am familiar with an analysis and I am familiar with a superior and an analysis and I am familiar with a superior and a

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** □ Add _□ Remove ☐ Change _ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add □ Change ☐ Change □ Add ☐ Remove ☐ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: docum	ive date, if other than the date of filing:	ed as the
Dated	February 28 2018	.* `
	Signature of a member or authorized representative of a member Typed or printed dame of signee	B NAIMAN 1 JARBS
	Typed or printed name of signee	AN CONTRACTOR
	Page 3 of 3	5 [A]

Filing Fee: \$25.00