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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration of Division of	on Section Corporations
O.M. SUBJECT:	Realty, LLC.
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Jose Martin
	Name of Person
	Firm/Company
	14335 Sw 120 St #111
	Address
	Miami, Fl 33186
	City/State and Zip Code
	josemartinhomes@gmail.com E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Jose Martin	305 300.3424 at ()
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	ee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

O.M. Realty, LLC.		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000161030	mpany were filed on 07/02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>	
		CRE TORK
Enter new mailing address, if applicable:		STARE
Mailing address MAY BE A POST OFFICE BOX)		A COL
		OR. S.)
		39
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Lorena Garcia		
		14335 Sw 120 St #111 Miami, F	■ Remove
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Please remove Lorena Garcia from th					
					
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ctive date, if other than the date of fil effective date is listed, the date must be specific	ing:		(optional)	
effective date is listed, the date must be specific a e: If the date inserted in this block does no	and cannot be prior it meet the applic	to date of filing o able statutory fi	r more than 90 day: ling requirement	s after filing.) Pur s, this date will	not be lister
iment's effective date on the Department o					
ecord specifies a delayed effective		t an effective	e time, at 12:	01 a.m. on t	he earlie:
ne 90th day after the record is file	d.				
July 30th	2018				
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_	`	1/18.	A		
	L /	UVX1/			
Signature of	a member or author	orized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00