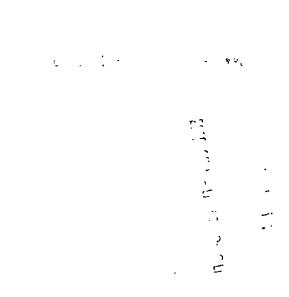


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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
CUD		MIAMI TOWNHOMES LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		MENACHEN BONNARI	DEL	
		NORTH MIAMI TOWNH	Name of Person OMES LLC	
		270 NE 211TH STREET	Firm/Company	
		MIAMI FL 33179	Address	
		MBANDCSINVESTORS(City/State and Zip Code	
For fi	urther information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	fication)
MEN	IACHEN BONNAF	RDEL	305 753-1316	
	Name of	f Person		c Telephone Number
Enclo	osed is a check for th	e following amount:		
■ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH MIAMI TOWNHOMES 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 ____08/21/2018 and assigned Florida document number L18000200505 This amendment is submitted to amend the following: 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." 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 , Florida

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

JOSEPH STINCHCOMB 270 NE 211TH STREET	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Change	MGR	JOSEPH STINCHCOMB		
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Note: If the date	f other than the date of s listed, the date must be speci inserted in this block does tive date on the Departmen	s not meet the applica	able statutory filing re		
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08/28/201	18		<u>.</u> .		
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Filing Fee: \$25.00