## 48000201203

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## **COVER LETTER**

LUOX R SUBJECT:	EALTY BOSTON, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	pondence concerning this matter	to the following:	
	Mr. Ruben Mendez		
		Name of Person	
	Stambul Construction		
		Firm/Company	
	3634 NW 2nd Avenue		
		Address	
	Miami, Florida 33134		
	ruben@stambul.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	(fication)
For further information	concerning this matter, please co	all:	
Ruben Mendez		786 533-3975	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)
MAI	LING ADDRESS:	STREET/COUR	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUOX REALTY BOSTON, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number L18000201203	Company were filed on August 22, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b></b>
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 12: 56
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ew.
	.,	Thomas at a
	City	lorida 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, <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> Oxana Kulida	Address 16699 Collins Avenue Apt 4005	Type of Action
MGR		Sunny Isles Beach, FL 33160	B ∆dd
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			DRIE:	56	
-	August 29,	2019			
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing:  st be specific and cannot be prior ook does not meet the applica	to date of filing or more than able statutory filing requi			
ne record specifies a delayed The 90th day after the rec		t an effective time, a	at 12:01 a.m. on	the earlier	of:
Dated August 29	2018	<u> </u>			
-					
	Signature of a member or author	prized representative of a me	mber		
	F	•			

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Filing Fee: \$25.00