219000064884

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	☐ MAIL
	· · · ·	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
tified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	

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2022 SEP 19 AH 9: 47 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Registration Section -

Division of Corporations

);

BJECT:	ites Haverhill Court, LLC Name of Limit	ed Liability Company	
e enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
ase return all correspo	ondence concerning this matter to	o the following:	
	Avi Stem		
		Name of Person	
	Mia Real Holdings LLC		
		Firm/Company	
	5301 N Federal Hwy, Suite	185	
		Address	
	Boca Raton, FL 33487		
		City/State and Zip Code	
	avi@miareal.com		
	E-mail address: ()	to be used for future annual report notifi	cation)
э further information	concerning this matter, please co	nH:	
vi Stem		561 347-5151 at()	
Name	at Person	Area Code Daytime	Telephone Number
nclosed is a check for	the following amount:		
€ \$25.00 Filing Fee		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.
Mailing Addr Registration Division of P.O. Box 61	r Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee		2415 N. Monro Tailahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MF Associates Haverhill Court, LLC

MF Associates Haverhill Court, LLC		non appears on our recr	irds.)			
(Name of the Limited Liability (A Florida	<u>y Company ay ii</u> Limited Liability	Company)				
: Articles of Organization for this Limited Liability C	•	3/06/2019		and assigned	l	
· Articles of Organization for this Limited Liability C	Company were t	nled on		_		
rida document number L19000064884	·					
is amendment is submitted to amend the following:						
If amending name, enter the new name of the lim	<u>iited liability c</u>	ompany here:				
If antenong names are				i.m "1 1 (* '		
e new name must be distinguishable and contain the words "Lir	nited Liability Co	mpany," the designation "	FFe,, or the apose	Villion C.C.C.		
iter new principal offices address, if applicable:	 - n (CCC)	/ /				
rincipal office address MUST BE A STREET ADD	<u>(RESS)</u>					
			- 			
nter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)	\ -				_ _	
Vianny duares, virio	\	<i></i>			· _	
	\rangle	e	inter the name	of the úc sy r	<u>e्यः</u> हेtered	
t. If amending the registered agent and/or register	red office add	ress on our records, g	mer die name	<u> </u>	22 5	-
l. If amending the registered agent and/or the new registered office address here	<u>e</u> : /				438	-
			_	_ <u>£</u>	<u> </u>	r F
Name of New Registered Agent:				AHASSE AHASSE	ž***	7
			Ide uv	<u> </u>	- 	7
New Registered Office Address:		Enter Florida circet		STA , FI	يو ر	
	/		Florida	Zip Coll		
	1	City		72-4		
New Registered Agent's Signature, if changing Regist	tered Agent:					
to the same of the second tree of the second	ent and agree	to act in this capaci	ıy, 1 fürther ag	ree to compe Gaailiar will	y wun inc. i and	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere	nd complete p	erformance of my du	nes, ana r am) r 605, F.S. Or,	if this docu	nent is	
provisions of all statutes relative to the provisions of all statutes relative to the position as registere accept the obligations of my position as registere being filed to merely reflect a change in the registering of this change in writing of this change in the provision of the the provision o	ed agent as pr sessed office a	aviaca jar in Caapa Adress, I hereby com	firm that the li	mited liabili.	<i>j</i>),	
company has been notified in writing of this char	C.					
						
	If Chang	ing Registered Agent, Sig	mature of New R	<u>egistered Agen</u>	<u> </u>	

imending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added</u> removed from our records:

GR = Manager ABR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
— ЛR	Mia Real Holdings Townhouse Dev	5301 N Federal Hwy, Suite 190	
		Boca Raton, FL 33487	Remove
·			□ Change
ĞR	Mia Real Holdings LLC	5301 N Federal Hwy, Suite 190	≡ ∧dd
		Boca Raton, FL 33487	□Remove
			Change
			□Add
			□Remove
			— Change
			□Add
			Remove
			□Change
			□Remove
			LChange
			□Remove
			[TChange

	in company to remove was too small, full name is Mia Real Holdings Townhouse Developers LLC
	9/15/2022 (optional)
an effective da	(optional) Fig. if other than the date of filing: (ii) (iii) (ii
record specil Lis filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2022
ated Sept 9	2022
	de de la constantina et a member
	Signature of a member or authorized representative of a member
	a Stern

Filing Fee: \$25.00