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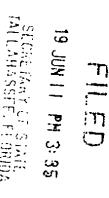
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COVER LETTER

TO:	Registration So Division of Co			
SUBJEC		ALTY LLC		
SUBJEN		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		Raul Munilla		
		MUNI REALTY LLC	Name of Person	
		15401 SW 260 Street	Firm/Company	
		Homestead, FL 33032	Address	
		4rmuni@gmail.com	City/State and Zip Code	
For furth	er information c	E-mail address; () concerning this matter, please ca	to be used for future annual report notif	ication)
Raul Mi	milla		*1 305-345-0300	0
	Name c	of Person	at () Area Code Daytime	: Telephone Number
Enclosed	l is a check for t	he 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)
		ING ADDRESS: ration Section	STREET/COURII Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUNI REALTY LLC					
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>04/03/2019</u>	and assigned			
Florida document number L19000092772					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and contain the words "Limit	ed 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 ADDR	ESS)				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Enter new mailing address, if applicable:		<u> </u>			
Mailing address MAY BE A POST OFFICE BON)		F15 - 4.			
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		22.7			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		cords, enter the stame of the ne			
Name of New Registered Agent:					
New Registered Office Address:	<u> </u>				
	Enter Florida street address				
	City	, Florida			
	СIŅ	zip Coae			

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 adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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If an effective date is Note: If the date i	other than the date of listed, the date must be specinserted in this block do live date on the Department	ecific and cannot es not meet t	ot be prior to o he applicabl	late of filing or	more than 90 day		ig.) Pur		
	ifies a delayed effe after the record is		but not a	n effective	time, at 12	:01 a.m	. on t	the ea	erlier of:
Dated June 7th		. 20							
	Signat	are of a memb	er or authorize	ed representati	ve of a member				-
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Page 3 of 3

Filing Fee: \$25.00