L19000 163199

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COVER LETTER

	Registration Sec Division of Corp						
OUD ID		INTERNATIONAL REALT	Y LLC				
SUBJEC	T:Name of Limited Liability Company						
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspoi	ndence concerning this matter	to the following:				
		GILBERT VARGAS					
			Name of Person				
		MY HOME INTERNATION	ONAL REALTY LLC				
			Firm/Company				
		368 MOORE ROAD Address					
		OCOEE, FL 34761					
		City/State and Zip Code					
		GVARGAS@MHMCUSA.COM					
		E-mail address: (to be used for future annual report n	otrfication)			
For furth	er information co	oncerning this matter, please ca	all:				
GILBE	CT VARGAS		407 920-1735				
	Name of	Person	at ()Dayt	ime Telephone Number			
Enclosed	l is a check for th	e following amount:					
\$25.0	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)			

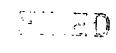
MAILING ADDRESS:

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**



2019 JUL 12 AM H: 33

MY HOME INTERNATIONAL REAL			
(Name of the Limited I (人 I	iability Company as it now appears o Torida Limited Liability Company)	n our records.	
The Articles of Organization for this Limited Liabi Florida document number <u>L19000163199</u>		20. 2019	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company here	:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u>v)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>ente</u>	r the name of the
Name of New Registered Agent:			 .
New Registered Office Address:	Ent Ella	street address	
	v.mer v torida	sirvet address	
-	City:	Florida _	Zip Code
	c uỳ.		гір Соае

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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
MGR	Jucelyn Y hodriguez principe	1130 S OBT # 223 OPlando P1 32837.	⊠KAdd
	prin sit c		Remove
			🗖 Change
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change

	
Note:	tive date, if other than the date of filing: [Coptional] [Coptional]
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	JUILY 8, 2019
	Signature of a member or anthorized representative of a member
	GILBERT VARGAS
	Typed or printed name of signee