L19000199559

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

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09/21/20--01013--013 **25.00



OCT 2 8 2020 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE		EAN INTERNATIONAL RE	ALTY LLC		
SOBJE	C1	Name of Lim	ited Liability Company		
		mendment and fee(s) are sub	_		
		Daniela Ceramella	Ç		
			Name of Person		
		OPTIMAR Int'l Realty			
		-	Firm/Company		
		18246 Collins Avenue			
			Address		
		Sunny Isles Bch, FL33160			
		clientrelations@optimar.co	City/State and Zip Code		
			to be used for future annual	report notification)	
For furth	ner information cor	ncerning this matter, please ca	att:		
Daniela	Ceramella			170477	
•	Name of I	Person	Area Code	Daytime Telepho	ne Number
Enclose	d is a check for the	following amount:			
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MIAMI OCEAN INTERNATIONAL REALTY 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	v were filed on 08/06/2019	and assigned
Florida document number <u>L19000199559</u>		Tight W
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "E.L.	C" 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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
		loridaZip Code
	City	Tim Cont.

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 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	Cristina Lopez	18246 Collins Ave. Sunny Isles Bch, FL33160	= Add
			□Remove
			□ Change
			□Add
		.	□Remove
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(an eff <u>Vote:</u>	ive date, if other than the date of filing:
record l is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	Sacramed III
	September IVI 2000.
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ated	Signature of a member of member of member
ated	Signature of a member of member of a member of a member of a member of signee

Filing Fee: \$25.00