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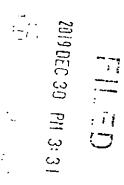
(Requestor's Name)	
(Address)	
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(1-21/-2-2)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(,,,	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Y SULKEP JAN 2 ZOZO

COVER LETTER

TO:

Registration Section

Division of Cor	Division of Corporations		
SUBJECT: J. 1	A. Key Homes Name of Lim	Realty 22C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roxana	D. <u>Um ana</u> Name of Person	
		Firm'Company	
	1607 NW 2	and Ave	······
	Tt. Lauder	dale FL 33. City/State and Zip Code 2145@gmail.Co to be used for fairle annual report notif	311
		2145@gmail. Co	Om(
For further information c	oncerning this matter, please c		
Roxana (<u>Imana</u> f Persun	at (<u>435</u>) <u>229</u> Area Code Daytime	- 6 734 e Telephone Number
Enclosed is a check for th			
X\$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)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

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

Name of the Limited Liability Company as it now ap	Ity LLC	
(A Florida Limited Liability Compar	is)	
The Articles of Organization for this Limited Liability Company were filed on	_[1]/21/20/9 an	d assigned
Torida document number <u>L 19000289513</u> .		C
This amendment is submitted to amend the following:		
-		
A. If amending name, enter the new name of the limited liability company	<u>: here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," (he designation "LLC" or the abbieviatic	on "L. L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	20
		10
	•	
B. If amending the registered agent and/or registered office address on ou	r records, enter the name of the	Edew register
3. If amending the registered agent and/or registered office address on ougent and/or the new registered office address here:		Ellew register
gent and/or the new registered office address here:		30
	·. (30 PH
gent and/or the new registered office address here:	·. (30 PH 3.
Name of New Registered Agent: New Registered Office Address:		30 PH 3.
Name of New Registered Agent: New Registered Office Address:	ر ان ان	30 PH 3.

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, 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
AMBR	Jehimmy Ocampo	6620 Holatee Trail	X^Add
	•	6620 Holatee Trail Southwest Ranches Fl	3333 <i>0</i> =Remove
			□Change
	·		∃Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			Tichana.

Page 2 of 3

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•	
•	
Han et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of $2\!:\!01$ 90th day after the record is filed.
Dated	December 18 . 2019 . Maxara Immuno Mignature of a member of authorized representative of a member
	Roxana D. Umana Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00