9/18/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 : (305)670-1991 Fax Number : (305)670-1993

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

11	Address.			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI AMAZING HOUSE LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI AMAZING HOUSE LLC (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records. ed Liability Company)	,)
The Articles of Organization for this Limited Liability Comparison for the Limited Liability Comparison of $\frac{1.20000175277}{1.20000175277}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter (</u>	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zip Code
	,	εφ είναι
New Registered Agent's Signature, if changing Registered Age		

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.

From: Johana Giraldo Fax: 18136585039 To: Fax: (850) 617-6383 Page: 4 of 5 09/18/2020 9:15 AM

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>	<u>Address</u>	Type of Action
AMBR	RABITA, NATALIA V	1200 Brickell Ave suite 800	□Add
		Miami, FL 33131	■Remove
			□Change
AMBR	ANTON, JUAN J	1200 Brickell Ave suite 800	□∧dd
		Miami, FL 33131	■Remove
			□Change
AMBR	SANTARELI, SILVIA A	1200 Brickell Ave.suite 800	
		Miami, FL 33131	≡ Remove
			Change
AMBR	ANTARELI. DAVID M	1200 Brickell Ave.suite 800	□Add
		Miami, FL 33131	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change

To:

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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	e applicable statutory f	r more than 90 days after fili ling requirements, this da	ng.) Pursuant to 605.0207 ite will not be listed as
e record specifies a delayed effectived is filed.	ve date, but not an effe	ective time, at 12:01 a.	n. on the earlier of: (b)	The 90th day after the
DatedSEPTEMBER 17		<u></u> .		
		or athorized representa		

Typed or printed name of signee