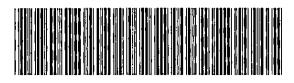
L20000278832

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Casais Unatrusting to Filing Officer
Special Instructions to Filing Officer:





700353877897

10/19/20--01026--006 **25.00

2020 OCT 19 PH12: 49

NOV 20 2020 M. SOLOWOLL

COVER LETTER

20
2020 OCT 19

<u> </u>
PM 12: 49
_

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Florida Dream Home Real Est	ates services, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Florida document number L20000278832	were filed on Sept	. 14th 2020	and assig	gned	
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de-	signation "LLC" or the	abbreviation "L.1.	.C."
Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)			i,.	2020
Enter new mailing address, if applicable:				<u>्र</u> सुन्त्	
(Mailing address MAY BE A POST OFFICE	E BOX)			1 '' 2 ag 7 ag	PH 2: 1
B. If amending the registered agent and/or agent and/or the new registered office addr	• '	address on our re	cords, <u>enter the na</u>	٠.	ထ registered
Name of New Registered Agent:					
New Registered Office Address:	1233 NW 7th A	ive			
		Enter Florid	la street address		
	Ft.Lauderdale		Florida ³		
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as resteing filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as p registered office	performance of no provided for in Ci	ny duties, and Lan hapter 605, F.S. O	ı familiar with r, if this docun	and nent is

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>	<u>Address</u>	Type of Action
MGR	Darilys Rodriguez	6503 N. Ocean Dr Dania Beach, Fl 33004	🗆 Add
			■Remove
			□ Change
MGR	Jimmy G. Rodriguez	6503 N. Ocean Dr Dania Beach, Fl 33004	□Add
			■Remove
			□Change
AMBR	Darilys Rodriguez	1233 NW 7th Ave Ft. Lauderdale, Fl 33311	■Add
			Remove
			□ Change
AMBR	Jimmy G. Rodriguez	1233 NW 7th Ave Ft. Lauderdale, FI 33311	■Add
			□Remove \
			□ Remove 200 0CT □ Change □ F
. -			
			□ Change
<u></u>			□Add
			□Remove
			□Change

				 	
					202
					2020 OCT 19
				100 mm m	
				200 200 200 200 200 200	FH 12: 49
					_
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 appl	licable statutory filing a	(optional) than 90 days after filing.) requirements, this date	Pursuant to 605.0; will not be listed	207 (3)(b) as the
he record specifies a delayed effective ord is filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after t	he

Filing Fee: \$25.00

Typed or printed name of signee