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COVER LETTER

TO: Registration Sec Division of Corp			
-	ey Home Buyers LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Omar Messallam		
		Name of Person	
	Mission Valley Home Buy	ers LLC	
		Firm/Company	
	230 NE 4th St 2814		
	Address Miami, FL 33132		
	Miami, FL 33132		
	omar@missionvalleyhomel	City/State and Zip Code ouyers.com	
	E-mail address: (to be used for future annual report notificat	ion)
For further information co	ncerning this matter, please c	all:	
Omar Messallam		619 703-7222	
Name of	Person	Area Code Daytime Te	lephone Number
Enclosed 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
NA 332 A 44		S- 4411	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Mission Valley Home Buyers LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records. ida Limited Liability Company)	<u>;</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on October 20, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		202)
Enter new mailing address, if applicable:		JAN F
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		—————————————————————————————————————
		· 2
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ridaZip Code
	Cuy	гір Сойе

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

.. amenuing 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

AR Omar A Messallam 230 NE 4th St 2814, Miami, FL 33132	
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	■Remove
	□Change
MGR Omar A Messallam 230 NE 4th St 2814, Miami, FL 33132	≣Add
	BAdd
	□Remove
	Change
	Add Remove
	Thange
	→ ☐ ☐ Change
	□Add
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ctive date, if other	han the date of filing:			(option	al)
effective date is listed, the content of the date inserted inserted the content of the content o	e date must be specific and c in this block does not me	cannot be prior to deet the applicable	late of filing or more e statutory filing r	than 90 days after fi equirements, this c	ling.) Pursuant to 605.020 late will not be listed a
iment's effective date	on the Department of Sta	ate's records.			
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filed.	d effective date, but not a	ii eriective time	, at 12:01 a.m. on	ine earner of: (b)	The 90th day after th
January 2		2021			
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