

L21000055133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

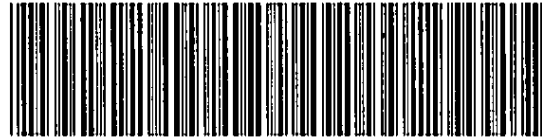
(Document Number)

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21 MAR 22 PM 3:52
DIVISION OF CORPORATIONS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: My Mobile Homes Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Bryant Ramirez
Name of Person

My Mobile Homes Group LLC
Firm/Company

9001 SW 77 Ave, C-604
Address

Miami, FL 33156
City/State and Zip Code

Kevin@mymobilehomes.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Bryant Ramirez at 786 531-3363
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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**

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

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My Mobile Homes Group 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 were filed on 02/01/21 and assigned Florida document number L21000055133.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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

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

SECRETARY OF STATE
DIVISION OF CORPORATION

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Sky Realty Investment Solutions, Inc.</u>	<u>13818 SW 152 Street, #380</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33177</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Enterprises El Punto Nica LLC</u>	<u>1301 NE 191 St, F101</u>	<input type="checkbox"/> Add
		<u>North Miami, Beach, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33179</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Open Doors Real Estate Solutions, INC</u>	<u>8400 NW 154th Street, #325</u>	<input type="checkbox"/> Add
		<u>Miami Lakes, FL 33016</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Kevin Bryant Ramirez</u>	<u>9001 SW 77 Ave, C-604</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Xiomara Goodman</u>	<u>8860 NW 187th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33018</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Marvin Nicaragua</u>	<u>1301 NE 191st Street</u>	<input checked="" type="checkbox"/> Add
		<u>Apt F101, Miami, FL 33179</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
DEPARTMENT OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

N/A

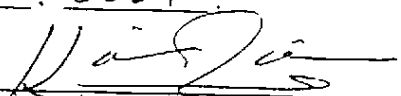
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 19th, 2021



Signature of a member or authorized representative of a member

Kevin Bryant Ramirez

Typed or printed name of signee