

621000114196

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

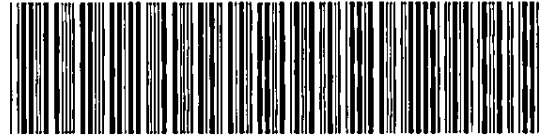
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APR 20 2021

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/19/2021

NAME: MIAMI REALTY SERVICES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI REALTY SERVICES 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:

DIANA R LOPEZ DE CASTRO

Name of Person

Firm/Company

571 SW 90TH CT

Address

MIAMI, FL 33174

City/State and Zip Code

diana2314@gmail.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Diana Lopez de Castro

305 303-9329

at ()

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**

MIAMI REALTY SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 APR 19 AM 11:29

The Articles of Organization for this Limited Liability Company were filed on 03/10/2021 and assigned
Florida document number L21000114156.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

7950 NW 53RD STREET

SUITE 337

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

571 SW 90TH CT

MIAMI, FL 33174

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:

DIANA R LOPEZ DE CASTRO

New Registered Office Address:

7950 NW 53RD STREET SUITE 337

Enter Florida street address

MIAMI

Florida 33166

City

Zip Code

C. 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.

Diana Lopez de Castro

dotloop verified
04/19/21 10:00 AM EDT
8XSN-818Z-WNAV-3D13

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>	<u>Type of Action</u>
MGR	DIANA R LOPEZ DE CASTRO	571 SW 90TH CT	<input checked="" type="checkbox"/> Add
		MIAMI FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHANNON VAZQUEZ	571 SW 90TH CT	<input type="checkbox"/> Add
		MIAMI FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 APR 19 AM 11:29

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.

he 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
ord is filed.

Dated APRIL 19TH 2021

Diana Lopez de Castro

dotloop verified
04/19/21 10:00 AM
EDT
T58X-LUFL-CA11-BHXH

Signature of a member or authorized representative of a member

DIANA R LOPEZ DE CASTRO

Typed or printed name of signee