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(Re	questor's Name)		
(Add	dress)		-
(Add	dress)		-
(Cit	y/State/Zip/Phone	: #)	-
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nam	ne)	-
(Doe	cument Number)		-
Certified Copies	Certificates	of Status	-
Special Instructions to I	Filing Officer:		7

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COVER LETTER

то:	Registration Se Division of Cor			
0110104		R APÁRTMENTS LLC	•	
SUBJEC	JI:	Name of Lim	ited Liability Company	
The enc!	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		MARK ALBRIGHT		
			Name of Person	
		MIRAFLOR APARTMEN	VTS LLC	
			Firm/Company	
-		162 NEPTUNE DR		
			Address	
-		LAKE WORTH, FL 3346.	2	
			City/State and Zip Code	
		albright101@aol.com	to be used for future annual report noti	(fication)
For furth	ner information c	oncerning this matter, please c		,
MARK	ALBRIGHT		561 436-7487	O
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for the	he following amount:		.0
■ \$25	.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C	Section	Street Address: Registration Se Division of Co	
	P.O. Box 632 Tallahassee,	27	The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRAFLOR APARTMENTS LLC				
(<u>Name of the Limi</u>	ed Liability Comp: (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on <u>04/21/2021</u>	and as	ssigned
Florida document number L21000185221	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	<u>(T ADDRESS)</u>			_
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or a	registered office	address on our records, enter the na	ame of the n	ew regis
gent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	N/A		, = 1 	<u>:</u>
New Registered Office Address:			>	ī
		Enter Florida street address)
		, Florida	24	
		City	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 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	STEPHANIE ALBRIGHT	162 NEPTUNE DRIVE	□Add
1		LAKE WORTH, FL 33462	□Remove
		**** CHANGE TO MGR ****	≡ Change
MGR	MARK ALBRIGHT	162 NEPTUNE DRIVE	□Add
		LAKE WORTH, FL 33462	□Remove
		**** CHANGE TO AMBR ****	■ Change
-			□Add
			□Remove
			□Change
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	e date of filing: ust be specific and cannot be prior to date of foliock does not meet the applicable statut Department of State's records.			
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) T	he 90th day	after the
7/7 ated	2021			
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