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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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2022 JAN -3 AM 9: 37

SECRETARY OF SHITT

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: MY-HOM	ES DEALTVILC		
SUBJECT: MT-ROM		ited Liability Company	
	Amendment and fee(s) are sub andence concerning this matter	_	
	MARIAN YON MAGUIR	RE Name of Person	
	MY-HOMES REALTY L	LC Firm/Company	
	208 Nina St NE	Address	
	St. Petersburg, FL 33704	City/State and Zip Code	
Pau Gambaa in Gamasian a		to be used for future annual report noti	fication)
Marian Maguire	oncerning this matter, please ca	at (727) 204-1904	
	f Person		ne Telephone Number
Enclosed is a check for the	he 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MY-HOMES REALTY LLC

2022 JAN -3 AM 9: 37

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	iny were filed on June 8, 2021	and assigned
Florida document number <u>L21000265821</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
M YON MAGUIRE LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ee address on our records, enter the	
Name of New Registered Agent:		****
New Registered Office Address:	Enter Florida strevt address	
	Flanta	١
427	, Florid	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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			CRemove
			Change
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			□ Remove
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			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effi iote:	ve date, if other than the date of filing:
recore	d 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 ed.
ated _.	December 28 . 2021
	Signature of a member or authorized representative of a member
	Marian Yon Maguire

Filing Fee: \$25.00