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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CHD IE		Home Real Estate Investment, I	.LC	
SUBJEC	L1:	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Tatiana P. Sanchez		
			Name of Person	
		My Sweet Home Real Esta	te Investment, LLC	
			Firm/Company	
		10542 Marsh Street		
			Address	
		Wellington, Florida 33414		
			City/State and Zip Code	
		Tatiana@SanchezCodina.co		
For furth	ner information c	E-mail address: (i	o be used for future annual report notifi	cation)
	P. Sanchez		862 270-9296	
Name of Person		f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for t	he following amount:		
	.00 Filing Fee	S30.00 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 P.O. Box 632	Section Corporations	Street Address: Registration Section of Corp The Centre of Ta	oorations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linklife) Co		and a
(A Florida Lim	ompany as it now appears on our reco uted Liability Company)	<u>((us.)</u>
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000381118</u> .	oany were filed on 08/25/2021	and assigned
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 "Li	LC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
·		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		FL.
		2: 2: (*)
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	or the name of the new regist
N CN D ' LA		<u>+</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	j	Florida
	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>	Address	Type of Action
AMBR	Alejandro Ondarza	10542 Marsh Street	■Add
		Wellington, FL 33414	□Remove
			□Change
			□Remove
			Change
			SICK 12: BAdd SICK 13: 5 FLORIDA
	·		□ Remove
			□ Change
	·		□Add
			□Remove
			□Change
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		9/30/2	021				
Effective date, if oth If an effective date is liste	d, the date must be spec-	itic and cannot be r	rior to date of filing	er more than 90 day	(optional) is after filing.) Pur	suant to 6	05.0207 (
Note: If the date inserdocument's effective of	rted in this block doe	s not meet the ap	plicable statutory	filing requiremen	ts, this date will	not be li	isted as th
document is effective t							
e record specifies a del rd is filed.	layed effective date. I	out not an effectiv	ve time, at 12:01	a.m. on the earlier	of: (b) The 90	ith day af	fter the
September 30		2021					
Dated	01/	 1/	 *				
	a/1 1// 1/1	ر جسسه بسلمان					

Typed or printed name of signee