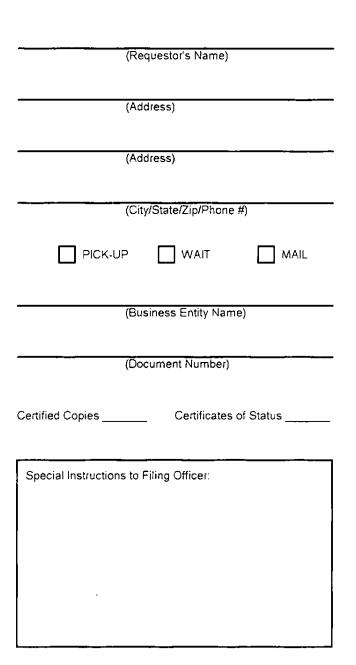
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COVER LETTER

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SUBJECT:	MIAMIDR	EAMHOME LLC			
SUBJECT		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Sandra Estevez			
			Name of Person		
		MIAMIDREAMHOME I.	I.C		
			Firm/Company		
		4408 NW 80th Ave			
			Address	· · · · · · · · · · · · · · · · · · ·	
		Doral, FL-33166			
			City/State and Zip Code		
		SESTEVEZHERRERA@G			
		E-mail address: (to be used for future annual report not	tification)	
For further in	formation co	oncerning this matter, please co	all:		
Sandra Estevez			+1 786-705-91		
Name of Person		Area Code Daytir	ne Telephone Number		
Enclosed is a	check for th	e following amount:			
≱ \$25.00 Fi	iling 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		Street Address: Registration Section			
Division of Corporations			Division of Corporations		
P.O. Box 6327 Taliahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMIDREAMHOME LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	nny as if now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L22000430493	ability Company	were filed on 10/06/2022	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liah	ility company here:	
Sandra Estevez Herrera LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	4408 NW 80th Ave	5-3
(Principal office address MUST BE A STREE		Doral, FL-33166	::
			;
			(.)
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	ROX)	-	<u></u>
January Marie Mari	<u> </u>		1
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	• .		nter the name of the new regist
New Registered Office Address:		Enter Florida street ac	idress
	Doral		, Florida <u>33166</u>
		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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Remove
			Change
			□Add
			□ Remove
			□Add
			□Remove
			🗆 Change
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			☐ Change
			□Add
			□ Remove
			□ (Thomas

Page 2 of 3

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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 605.020 days: [If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [In effective date on the Department of State's records.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date on the Department of State is record.] [In effective date in State is like as the Department of State is like as the Department								_
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Sandra Estevez Herrera Signature of a member or authorized representative of a member				n effective	time, at 1	2:01 a.m.	on the earl	ier of
	ated	03-08-2024	, Miami					
		Signature of	andra (stevez ed representativ	Herre ve of a membe	ra		
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Page 3 of 3

Filing Fee: \$25.00