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## **COVER LETTER**

TO: Registration Se Division of Cor				
	RESIDENTIAL MIAMI LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PEREZ, ENRIQUE			
	-	Name of Person		
	<del> </del>	Firm/Company		
	1566 NW 108th Avenue			
		Address		
	Miami Florida 33172			
		City/State and Zip Code		
	maggee@hitexmarketing.co		-	
For further information e	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ulication)	
Maggee Carrillo		786 299-8319		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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		Street Address:	ection	
Registration S Division of C			Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADERA RESIDENTIAL MIAMI ELC	ty Campuny as if now appears on our race	ords )
(A Florida	ity Company as it now appears on our reco a Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C	Company were filed on 10/19/2023	and assigned
Florida document number	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Wood-Madera Property Miami LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		7776
		, 644 C.?
Enter new mailing address, if applicable:		1
	<del></del>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
<del></del>	City	FloridaZip Code
	Cuy	rap come

## 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
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			□Change
<del></del>			□Add
			□Remove
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			□Remove
			□ Change

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Note:	ive date, if other than the date of filing:    O6/01/2024   (optional)
he recor	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 led.
Data 4	August 15 2024
Dated	P
	Signature of a member or authorized representative of a member
	NUMBER OF A HIGHIDGE OF AUTHORIZED TEDIESCHAUNG OF A INCHESC