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(Address)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI HOME MANAGER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA ALVAREZ

Name of Person

C & A FINANCIAL PLANNING & BUSINESS CONSULTING LLC

Firm/Company

8301 NW 107th Ct UNIT 8, DORAL, FL 33178

Address

DORAL, FL 33178

City/State and Zip Code

cagbusinessconsulting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA ALVAREZ

786 8121103  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 NOV 15 AM 8:25  
STATE  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MIAMI HOME MANAGER LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/23/2023 and assigned  
Florida document number L23000482898.

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 "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LAURA V GAGLIARDI

New Registered Office Address:

6450 COLLINS AVE APT 501

Enter Florida street address

MIAMI

City


Florida

33141

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GAGLIARDI, LAURA V	401 69TH ST APT 201	<input type="checkbox"/> Add
		MIAMI, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GAGLIARDI, LORENA P	6450 COLLINS AVE APT 501	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 STATE OF FLORIDA  
 REAL ESTATE

2028 NOV 15  
ST. LOUIS  
FALL 1911

(If an 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 600-0207 (3)(b)

Paid  
2028 NOV 15 AM 8:25  
ST. JAMES STATION  
TALL OAK, ILL.  
Pursuant to 60 ILCS 207 (3)(b)

Dated NOVEMBER 02, 2023

LORENA P GAGLIARDI

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Typed or printed name of signer

**Filing Fee: \$25.00**