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SECTION TO THE STATE TALL AHASSEE, FL

TIME

COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Cor			
SUBJEC		MANAGEMENT MIAMI DA	ADE, LLC	
SUBJEC		Name of Lin	ited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		ALAN W LEVINE		
			Name of Person	
		LEVINE & PARTNERS,	P.A.	
			Firm/Company	- ·
		3350 MARY STREET		
			Address	
		MIAMI, FLORIDA 33133	3	
			City/State and Zip Code	 .
		AWL@LEVINELAWFIRM		
		E-mail address: (to be used for future annual report n	otification)
For furthe	r information c	oncerning this matter, please c	all:	
JERI GOODKIN DAUSEY		786 258-0187		
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
} [Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration S Division of C	orporations
ŀ	P.O. Box 632	1	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL HOME MANAGEMENT MIAMI DADE, 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 $\frac{06/05/2024}{1}$ and assigned Florida document number L24000257662 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FL HOME MANAGEMENT MEMBERSHIP, LLC 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) **第**第 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: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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
			□Add
		-	□Remove
			Change
			□Add
		·	□Remove
		.	□Change
			□Add
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			□Change
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			∏Change

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ffectiv	e date, if other than the date of filing:
<u>lote:</u> I	ctive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record I is file	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 d.
ated _	EPTEMBER 9 2024
	and a all a
	Signature of a thember of authorized representative of a member

Filing Fee: \$25.00