Florida Department of S

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone

: (305)416-6800 : (305)416-6811

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL RE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL RE, LLC (Name of the Limited Linb (A Flori	bility Company as rida Limited Linbil	It now appears on o	our records.)	
The Articles of Organization for this Limited Liability Florida document number L10000082321	Company wen	e filed on 8/5/2010)	and assigned
This amendment is submitted to amend the following:	;			
A. If amending name, enter the new name of the li	imited liability	company here:		
The new name must be distinguishable and contain the words "L	Limited Liability C	ompany," the designa	ation "L.L.C" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	······································	
(Principal office address MUST BE A STREET ADI	DRESS)			
	_			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	_			
B. If amending the registered agent and/or register agent and/or the new registered office address here		ess on our record	ds, enter the name	of the new registere
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida st	reet address	
		<u></u>	, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete per d agent as prov tered office add	formance of my d vided for in Chap	duties, and I am fa ter 605, F.S. Or, I	milior with and f this document is

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ESG MANAGER LLC	1000 BRICKELL AVENUE	🗀 Add
		SUITE 300	Remove
		MIAMI, FL 33131	Change
MGR	EDUARDO PELAEZ	1000 BRICKELL AVENUE	
		SUITE 300	□Remove
		MIAMI, FL 33131	□Change
			🗆 🗆 🗆 🗆 🗆
			□Remove
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			☐Change

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