Florida Department of State Division of Corpor

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

: (305)416-6800

Fax Number

: (305)416-6811

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

(((H22000310348 3)))

REAL RE, LLC			
(Name of the Limited Limbility Comp. (A Florida Limited	ony as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L10000082321 This amendment is submitted to amend the following:	were filed on 08/05/2010 and assigned		
A. If amending name, enter the new name of the limited lial	ollity company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
	2700 NORTH MIAMI AVENUE		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE 208		
(11mctpar office marcos moot be motivated medicaso)	MIAMI, FL 33127		
Enter new mailing address, if applicable:	2700 NORTH MIAMI AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 208		
	MIAMI, FL 33127		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered		
	Enter Florida street address		
	Ciny Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>.</u> ω		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is \sim		
If Ch	anging 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:

(((H22000310348 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	EDUARDO PELAEZ	2700 NORTH MIAMI AVENUE	B Add
		SUITE 208	[]Remove
		MIAMI, FL 33127	Change
MGR EDUARDO PE	EDUARDO PELAEZ	2700 NORTH MIAMI AVENUE	□Add
		SUITE 401	Remove
		MIAMI, FL 33127	☐ Change
			🗆 🗖 Add
			□ Remove
			☐ Change
			□Add
			🗆 Change
			□ Remove
			DChange
			□Add
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			[] Change
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an eff <u>(ote:</u>	ive date, if other than the date of filing:
recor i is ti	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.
ated	SEPTEMBER 8 , 2022
	IL LOW
	Signature of a member or authorized representative of a member