L13000033288

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

REI GROUP, 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:

TALY DERY

Name of Person

TD CPA

P.C

Firm/Company

3801 HOLLYWOOD BLVD STE 100A

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

TDERY@TDCPAFIRM.COM

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

For further information concerning this matter, please call:

TALY DERY

.,954**.985-5626**

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REI GROUP, LLC

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

,	iones Emines En	ability Company)		
The Articles of Organization for this Limited Liab Florida document number <u>L13000033288</u>	pility Company v	were filed on 03/05/201	3	and assigned
This amendment is submitted to amend the follow	ving:			SECRETARY VISION OF C
A. If amending name, enter the new name of t	he limited liabil	ity company here:		CORPOR
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the o	designation "LLC"	or the abbreviation
Enter new principal offices address, if applicat	ole:	3801 HOLLYWOOD	BLVD	
(Principal office address MUST BE A STREET ADDRESS)		100A		
		HOLLYWOOD, FL 3	33021	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	3801 HOLLYWOOD 100A HOLLYWOOD, FL 3		
B. If amending the registered agent and/or registered agent and/or the new registered office			rds, <u>enter the r</u>	name of the new
Name of New Registered Agent:	TALY DERY			
New Registered Office Address:	3801 HOLLY	YWOOD BLVD STE	100A	
	Enter Florida street address			
•	HOLLYWOO	DD	, Florida <u>3302</u>	1
		City	Z	ip Code
New Registered Agent's Signature, if changing Re	gistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TALY DERY	3801 HOLLYWOOD BLVI	O Add
		100A	Remove
		HOLLYWOOD, FL 3302	1
			Add
			Remove
		· · · ·	_ చ
			SECRETAR ISIONALE C
			_ PREMOVE
			STATE BRATIONS 3: 27
			_ Add
			Remove
			_
			Add
			Remove
			Add
			Remove

lf ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
_	
d	June 19, 2013.
	ilo feldann
	Signature of a member or authorized representative of a member
	I FELDMAN CONSULTING LTD, MGRM
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 IIN 21. PM 3: 27