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COVER LETTER

Division of Col			
REA HOL	DINGS, I,LC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	· ·	
	LILY CALDERON		
		Name of Person	
	SHOMAR ACCOUNTIN	G, PA	
		Firm/Company	<u> </u>
	7777 NW 146TH ST		
		Address	
	MIAMI LAKES, FL 3301	6	
	LILY@SHOMARACCOU	City/State and Zip Code	
	_	to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all:	
LILY CALDERON		305 825-1123	
Name c	of Person		Telephone Number
Enclosed is a check for t	he 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)
	JNG ADDRESS: ration Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REA HOLDINGS; LLC		PG 8 7
(Name of the Limi	ted Liability Company as it now appears on our reco (A Florida Limited Liability Company)	NOV 13 PARTY AND A HAS
The Articles of Organization for this Limited L	iability Company were filed on	Property of the Property of th
	 ·	門子
This amendment is submitted to amend the following	lowing:	
A. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
		
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our recor ffice address here:	ds, enter the name of the new
Name of New Registered Agent:	ANGIE GUTIERREZ	
New Registered Office Address:		
	Enter Florida street addi	6.22
	, 1	Florida
	City	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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		
			Remove
			Change
			Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change

•	N/A · · · ·		
	·		·
Note:	11 the date inserted in this	he date of filing: The specific and cannot be prior to complete block does not meet the applicable Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) e statutory filing requirements, this date will not be listed as the
the re	ecord specifies a delay e 90th day after the re	ed effective date, but not a ecord is filed.	on effective time, at 12:01 a.m. on the earlier of:
Dated	NOVEMBER 7th	2018	
		MAH	
		Signature of a member or authorize	ed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00