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(Re	equestor's Name)	
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COVER LETTER

SUBJECT:	MYSTIC RI	EAL ESTATE INVESTMENT	'S LLC			
SCHOLCI.	Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
•		RUBEN SANTURIAN				
			Name of Person		-	
			Firm/Company	_	-	
		1365 VICTORIA ISLE DR	RIVE			
		-				
		WESTON, FL 33327				
			City/State and Zip Code	=	-	
		ruben@santurian.com				
		E-mail address: (to	o be used for future annual rep	oort notification)		
For further in	nformation co	ncerning this matter, please ca	ll:			
Name of Person		at () Area Code	Daytime Telephone Number			
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

MYSTIC REAL ESTATE INVESTMENTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1365 VICTORIA ISLE DRIVE	3
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33327	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1365 VICTORIA ISLE DRIVE WESTON, FL 3327	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		, enter the name of the new
		
New Registered Office Address:	Enter Florida street address	
·	, Flo	orida Zip Code
	Спу	∠ıp ∪oae

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TEAM REAL ESTATE MANGEN	290 NW 165TH STREET PH5	□ Add
		MIAMI,FL 33169	■ Remove
			☐ Change
MGR	RUBEN SANTURIAN	1365 VICTORIA ISLE DR	= Add
		WESTON, FL 33327	□ Remove
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	Signature	of a member or	authorized repres	sentative of a mer	nber - 3	:35	2 1 2 1
LIDIA SALERN			authorized repres		nber		3 1

Filing Fee: \$25.00