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(R	(equestor's Name)	
(A	ddress)	
(A	ddress)	/
(C	city/State/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(B	Business Entity Name)
(C	Occument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: = Red Esta: (Name of Limited)	le Juvestrout Croup,		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Daviel Teavieso (Name of Person)	<u>. </u>		
TELTO, LLC (Firm/Company)	•		
P.O.Box 266	981 NE E		
(City/State and Zip Code)	326		
For further information concerning this matter, plea	ase call:		
Name of Person) at ((Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fce	\$55 Filing Fee & Certified Copy		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Estate Investment	GROUP LLC
(Present Name) (A Florida Limited Liability Company)	1
(A Florida Limited Liability Company)	•

FIRST:	The Articles of Organization were filed on document number LO30000 53306	and assi	igned	(u 1000
SECOND:	This amendment is submitted to amend the following: Delok Tlinus P. Villa Add Daviel Travie Add Andres Travie	iso as Ne	w Asqi	steed 1	Herber
	18746 DE 18:	ch, FL 33	3179.		
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•		· E	Y T		
Dated	9)4,07.		RAIF I		
	Signature of a member or authorized repr	resentative of a member		<u> </u>	
	Tiana P. Typed or printed name o				

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: Real Estate Juve street.
2. The mailing address of the limited liability company is:
P.O.Box 266981 Weston FL 33326
-L03000053306
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Ilians t. Villagra
11921 NW 34 PL Or PO Box 266981
Address Land Address the Addre
City, State and Zip 33326
6. The name and address of the new registered agent and/or office: Daviel O. Travieso = 3
Name Name
18746 NE 18 40 # 197 11 - 111
Florida street address (P.O. Box NOT acceptable)
W. Misni Bed FL 33179 E ?
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
VOI. 2018 (1800)
(Signature of a member)
(Printed or typed name of signec)
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.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314