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COVER LETTER

TO:

Registration Section · Division of Corporations

International Realty Investment USA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

		Daniel Espir	noza	
			Name of Person	
			Firm/Company	
		11890 sw 8		
			Address	
		Miami, FL 3	3184	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
Fo	r further information c	oncerning this matter, please c	all:	
			at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
En	aclosed is a check for the	ne 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

International Realty Investment USA, LLC

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

The Articles of Organization for this Limited Liability Con Florida document number 043782314	mpany were filed on <u>01/06/201</u>	14	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "	LLC" or the abbr	eviation "I	L.C."
Enter new principal offices address, if applicable:		7 1 <u></u>	هـ	
(Principal office address MUST BE A STREET ADDRE	(SS)	a in it	- TI	
			: T1 UZU	* *
		.,:·	5	•
Enter new mailing address, if applicable:			T;	
(Mailing address MAY BE A POST OFFICE BOX)		٠٠ ر	<u> </u>	6, 14
		<u> </u>	. sə	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, <u>enter th</u>	e name	of the nev
Name of New Registered Agent:	**************************************			
New Registered Office Address:	Enter Florida street add	iress		
	.	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager.

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** AP Yolanda Licea 11890 sw 8 st suite 503 Miami, FL 33184 Remove □ Add ☐ Remove □ Add □ Remove □Ādd _□ Remove □ Add □ Remove ☐ Add ☐ Remove

			
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Effective dat	e, if other than the date of f	iling:	(optional)
(The effective date this does	re, if other than the date of fitte must be specific, cannot be prior to cument is filed by the Florida Depar	to date of receipt or filed date and canno	(optional) be more than 90 days after
The effective date this doe	te must be specific, cannot be prior to cument is filed by the Florida Depar BRUARY 07	to date of receipt or filed date and canno timent of State) 2014	be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00