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| . (| Requestor's Name) |
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| PICK-UP | WAIT MAIL |
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| Certified Copies | Certificates of Status |
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| Special Instructions | to Filing Officer: |
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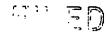
C. GOLDEN SEP 2.7 2019

COVER LETTER

| TO: Registration S Division of Co | | | • |
|-----------------------------------|--|---|--|
| | ATIONAL REAL ESTATE HOI | DINGS, LLC. | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | NELSON BARKER | | |
| | | Name of Person | |
| | INTERNATIONAL REAL | , ESTATE HOLDINGS, LLC. | |
| | | Firm/Company | |
| | 15840 NW 16 CT | | |
| l | | Address | |
| | PEMBROKE PINES, FL. | 33028 | |
| | NELSONBARKER@GMA | City/State and Zip Code IL.COM | |
| | E-mail address: (| to be used for future annual report not | tification) |
| For further information | concerning this matter, please ca | all: | |
| NELSON BARKER | | 305 282-2252 | |
| Name | of Person | at () Area Code Daytir | ne 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) |
| | LING ADDRESS: | | HER ADDRESS: |
| | tration Section | Registration Secti | |
| | ion of Corporations Box 6327 | Division of Corpx Clifton Building | JIAUOIIS |
| | hassee FI 3231.1 | 2661 Executive C | Senter Circle |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP 16 AM 8: 46 INTERNATIONAL REAL ESTATE HOLDINGS, 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 Company were filed on $\frac{08/16/2004}{1}$ and assigned Florida document number L04000060458 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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:

| | Manager | |
|--------|-----------|----------|
| AMBR = | Authorize | d Member |

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|--|----------------|
| AMBR | REYNALDO PASTORA | 14700 NORA DR. EVANSVILLE, IN. 47725 | = Add |
| | ; ; | | Remove |
| | | | ☐ Change |
| AMBR | LUIS CABALLERO | 5000 HAMMOCK PARK DR. CORAL GABLES, FL. 33156 | Add |
| | | | П Rетюче |
| | | | Change |
| | | | Add |
| | | | □ Remove |
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| . If amending | any other information, | enter change(s) here: (A | ttach additional sheet | s, if necessary.) | |
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| | | 09/11/2019 | | | |
| (If an effective da Note: If the d | e, if other than the date te is listed, the date must be sp are inserted in this block do fective date on the Departn | ecific and cannot be prior to dat bes not meet the applicable: | te of filing or more than 90 statutory filing requiren | (optional) days after filing.) Pursuant to 6 nents, this date will not be li | 05.0207 (3)(sted as the |
| | pecifies a delayed effe day after the record is | ective date, but not an s filed. | effective time, at | 12:01 a.m. on the ear | lier of: |
| Dated SEPTE | MBER 11 | 2019 | 1 | / | |
| - | Signa | ture of a member or authorized | representative of a memb | | |
| NE | LSON BARKER | | | | |
| | | Typed or printed nar | ne of signee | | |
| | | | | | |

Page 3 of 3

Filing Fee: \$25.00