

LO7000083780

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TALLAHASSEE, FLORIDA

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NOV 30 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HRS RELOCATION INTERNATIONAL LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANTONIO E GOMEZ CPA

Name of Person

ANTONIO E GOMEZ CPA PA

Firm/Company

132 MINORCA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

GOMEZ5454@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO E GOMEZ CPA

305 216-6003  
at ( )

Name of Person

Area Code

Daytime 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)

**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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HRS RELOCATION INTERNATIONAL 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 8/15/2007 and assigned  
Florida document number L07000083780.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

20801 BISCAYNE BLVD

AVENTURA, FL 33180

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

20801 BISCAYNE BLVD STE # 403

AVENTURA, FL 33180

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida N/A

*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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAROLINA ROJAS NEWMAN	117 WANDERING OAKS WAY ASHEVILLE, NC 28805	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	CARMEN PATRICIA BRACHT DE WULFF	11765 ST ANDREWS PL APT # 105 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	JOAO MARQUES DE FONSECA NETO	20335 W COUNTRY CLUB DR # 209 AVENTURA FL33180	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
			<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
			<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
			<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
			<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

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2018 NOV 15 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee