## L10000132493

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT - 6 2011

**EXAMINER** 

Office Use Only



000212282000

10/05/11--01017--002 \*\*30.00



## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	BEST REALTY & I	NVESTMENT HOMI	E. LLC		
SUBJECT.	·	ited Liability Company			
	of Amendment and fee(s) are su	-			
		Marisol Lozada Name of Person	···		
	Best Re	alty & Investment Home	, LLC		
	<b>5</b> . 2				
	Kissimmee, FL 34743  City/State and Zip Code				
	E-mail address: (	lozada63@yahoo.com to be used for future annual report	notification)	SSEE. FLOO	
	concerning this matter, please of		422 6426		
	of Person	at ( 407 ) Area Code & Da	433-6136 Sylime Telephone Number	<del></del>	
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 encl	osed) Certified	te of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildir	rporations ng e Center Circle		

ς,

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

BEST REAL	TY & INVE	<u>STMENT HOI</u>	ME, LLC				
(Name of the Limited I (A F	Torida Limited L	iability Company)	on our records.				
The Articles of Organization for this Limited Lial Florida document number		were filed on	12/30/2010	and	d assign	ıed	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	<u>he limited liabi</u>	ility company here	:				
INTERNATIO	ONAL EXEC	UTIVE REALTY	, LLC				
The new name must be distinguishable and end with	the words "Limit	ted Liability Compan	y," the designation '	'LLC" or	the abb	reviation	
"L.L.C."  Enter new principal offices address, if applical  (Principal office address MUST BE A STREET)		161 WHITE B	•	SEGGETAR)	2811 GET -S	<u>—</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		161 WHITE BI		OF STATE	22 	ED	
B. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>enter</u>	the nan	ne of t	he new	
Name of New Registered Agent:	Carolyn L. Fresneda						
New Registered Office Address:	Address: 161 White Birch Drive						
	er Florida street aa	ldress					
	Kissimmee		. Florida	34743			
	City			Zip Code			
New Registered Agent's Signature, if changing Re	gistered 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Carolyn Lee Fresneda	161 White Birch Drive Kissimmee, FI 34743	Add Remove
MGR	Marisol Lozada	151 Gardenia Rd Kissimmee, FL 34743	Add Remove
MGRM	Lennis I Pagan	151 Gardenia Rd Kissimmee, FL 34743	Add Remove
MGRM	Maritza Monzon	3105 Fairfield Drive Kissimmee, FL 34743	Add Remove
<u>MGRM</u>	Elsa Ramos	161 White Birch Drive Kissimmee, FL 34743	Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if nece	
			TE TO
Dated	30 September	2011 Etesusla	
	Signature of a r	nember or authorized representative of a member Carolyn Fresneda	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00