L11000126277

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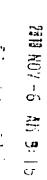
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NOV -7 2019 M. SOLOMON

COVER LETTER

	tration Section of Corp		•	
SUBJECT: _	MERIDIAN	TC REAL ESTATE GROUP	LLC	
SUBJECT:		Name of Limi	ted Liability Company	
		emendment and fee(s) are sub-	-	
	•	ALDO MARCHENA	Ū	
			Name of Person	
		ACHIEVE C G		
			Firm/Company	
		9907 THREE LAKES CIR		
		**************************************	Address	
		BOCA RATON, FL 33428		
		OPERATIONS@ACHIEVE	City/State and Zip Code EGEA.COM	
		E-mail address: (to be used for future annual report no	otification)
For further info	ormation co	ncerning this matter, please ca	dl:	
ALDO MARC	HENA		305 677-2151	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a c	heck for the	c following amount:		
\$25.00 Fili	ng 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

MERIDIAN TO REAL ESTATE GROUP LI		
(Name of the Limited Liabili (A Florida	ty Company as It now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 11/07/2011	and assigned
Florida document number L11000126277		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
		, ==
		NO.
Enter new mailing address, if applicable:		- VOV 686
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Plants	la.
	, Floric	7in 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>	Name	<u>Address</u>	Type of Action
MGR	TICONA CUADROS, VICTOR WILLIAM	5220 S UNIVERSITY DR	_
		STE C-102	Add
			■ Remove
		DAVIE, FL 33328	
			Change
MGR	FORTUNATA ESPINOZA	9907 THREE LAKES CIRCLE.	
		BOCA RATON, FL 33428	■ Add
		BOCK RATON, FL 33426	□ Remove
			Change
			Add
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E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 6	05.0207 (3)(b) sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a (b) The 90th day after the record is filed.	i.m. on the ear	lier of:
Dated NOV 05 2019		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00