L12000048093

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	<u></u>
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K. SALY DEC 12 2016

COVER LETTER

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

	FILE
2016 DE	FILED
TALLAHAS	C-9 PH Fe 13 SEE. FLORIE
LC	SEE. FLORIE

YANDA Rea	1 Estate Holdin	ver records.)
(<u>Name of the Limited Liability C</u> (A Florida Lim	nited Liability Company)	dr recordary
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/c	9/2012 and assigned
Florida document number L12000048093	,	•
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:		<u> </u>
	Enter Florida sti	reet address
	Ciry	, Florida Zip Code
	City	Zip Couc

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Koben IIC	20801 Biscayne BIVA, Such	2 □ Add
		306, Aventura, Fl 33180	Remove
			□ Change
MGR	EDUARDO Bensousan	20801 BISCAYNE BIVY	Add
		Suite 306, Aventura	Remove
		Fl 33180	Change
			Add
		TALLAHA	Remove 286
			Remove SECHETARY OF STATE OR TO SECHETARY OF SECH
			Change
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