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COVER LETTER

	ration Section of Corpor				
R. R.	ey & Rey LL	С	•	•	
SUBJECT:		Name of Limit	ted Liability Company 2	,	
The enclosed A	rticles of Am	endment and fee(s) are subn	nitted for filing.		
Please return al	l corresponde	nce concerning this matter to	o the following:		
		Ivette Ruiz			
			Name of Person		
		IR Professional Services In	¢		
			Firm/Company		
		12150 SW 128 Court Suite	: 231		
			Address		
		Miami, FL 33186			
	City/State and Zip Code irservices@bellsouth.net E-mail address: (to be used for future annual report notification)				
				port notification)	
For further info	rmation conc	erning this matter, please ca	III:		
Ivette Ruiz		305 206-4495 at ()			
Name of Person Area Code Daytime Telephone Nur			umber		
Enclosed is a cl	neck for the f	ollowing amount:			
□ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	Cer sed) Cer	00 Filing Fee, tificate of Status & tified Copy itional 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

Rey & Rey LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Horida document number $\frac{L12000056353}{L12000056353}$	were filed on 04/26/2012	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
Rey & Rey LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		JAN ISECRE
		2 × × × × × × × × × × × × × × × × × × ×
nter new mailing address, if applicable:		ပ် ငွင့်နှင့်
•	.	
Mailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		•
Name of New Registered Agent:		
New Registered Office Address:	P. P. C.	
	Enter Florida street address	
		rida
	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>	Address	Type of Action
MGRM	Juan C Rey	14311 SW 130Ave	Add
		Miami, FL 33186	■ Remove
		15211 SW 144 St	Change
MGRM	Reina Cruz	Miami, FL 33196	
			☐ Remove
			Change
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			Change
		<u></u>	Add
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Sective date, if other than the one offective date is listed, the date must offer. If the date inserted in this blocument's effective date on the De	date of filing:	applicable statuto	ng or more than 90 day	(optional) is after filing.) Pursua ts, this date will no	ant to 605.0 It be listed
record specifies a delayed The 90th day after the reco	effective date, bord is filed.	out not an effec	tive time, at 12	:01 a.m. on the	e earlier
12/30/2017 ted	<u> </u>	<u>.</u>		18 JAN	SECR BIVISION
				=	- Zm
	Signature of a member	7			

Page 3 of 3

Filing Fee: \$25.00