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SECRETARY OF STATE
AND AHASSEE, FLORIDA

K.SALY EXAMINER JUL - 2 2013

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	HIQICAN Name of Limite	REO RENTAK	14,LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Alexa	Name of Person	
		Firm/Company	
	16400	NW 59 ave	<u></u>
	Micmi Lo Kmcjia (E-mail address: (to	City/State and Zip Code Pacitical Corresponding to the United States and Zip Code be used for future annual report notification	npania, net
For further information con	cerning this matter, please ca	II:	
Kathering Name of P	e Mejia	at (305) ZOU 41	3 C ephone 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

MAILING ADDRESS:

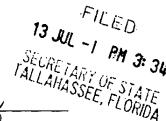
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 Liab	pility Company were filed on	24 12012 and assigned
Florida document number <u>L1200012</u>	1352	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Aven III-LLC	14900 NW 59th ave	∠ X Add
,		Miami Lakes, FL 330	Remove
Mgr	Arch II LLC	16400 NH 59th ave	
j		Micimi Lakes, FL 330	Remove
			_
			Add
			Remove
			- Add
			Remove
			-
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated _	<u> </u>
	J-12/J-
	Signature of a member or authorized representative of a member Alexance Quiz
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00