*L12000157852

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	raing Onicer.	
		:

Office Use Only



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IS JULIS PHILE 46
SECRETARY OF STATE
ALL ALASSEE FLORIDA

K.SALY EXAMINER JUL 16 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECTS

International Real Estate Acquisitions II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ravi Patel

Name of Person

International Real Estate Acquisitions II, LLC

Firm/Company

3343 State Road 7

Address

Wellington, FL 33449

City/State and Zip Code

kdesroches@sfrollc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ravi Patel

_{at} 561,795.9845

Name of Person

Area Code & Daytime Telephone 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
(additional copy is enclosed)

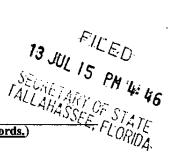
MAILING ADDRESS:

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



International Real Estate Acquisitions II, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(111101100	Dining Company)	~A.
The Articles of Organization for this Limited Liability Florida document number L12000157852	Company were filed on December 18, 2012	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	** · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		he name of the new
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street addi	ross
	, Florida	Zip Code
		-r

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 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>	Address	Type of Action
MGR	Kishore Dass, MD	3343 State Road 7	Add
		Wellington, FL 33449	Remove
MGR	Ben Han, MD	3343 State Road 7	— ·
	2011 1 1011, 1412	Wellington, FL 33449	Add Remove
			_
MGR	Uran, Ltd.	875 MILITARY TRAIL, SUITE 200	O Add
		JUPITER, FL 33458	Remove
			-
			
			_
·····			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			Add Remove

If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
_{ed} July 9	
d duly 5	TWIND.
Ravi Pa	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00