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2013 OCT -9 PM 2: 42
SECRETARY SCALE

OCT 1 0 2013

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Resivest Realty 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:
Contrato Delgado Su Name of Person
Resivest Realty LCC
COGYI SNATTPER CIEEK STE
City/State and Zip Code
E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Leonardo Delgado Te at (786) 368-7865 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & 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

Kesivest Rec.	144 CLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>5/20/13</u>	And assigned
This amendment is submitted to amend the following:		-9 PH 6-3885
A. If amending name, enter the new name of the limited liabi	lity company here:	# 2: +
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	(0641 SNAST	PER CICERE DIZ
(Principal office address MUST BE A STREET ADDRESS)	Lipsi, FC	33143
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- Coll Swell - Grani, FC	52 CILGGU DIZ 33/43
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		<u>iter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	Florid	
	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 Changing Registered Agent, Signature of New Registered Agent

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 Address **Type of Action Title** <u>Name</u> JURDAN KAVANIA 18305 BISCAYNEBILID, Ste 402 Add Averitor A. FC 33/60 Remove MER Leonardo Delgado Su 6641 SMAPPER CREEK DR. Add LIANI FL 33143 Remove Remove Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	October 2 . 2013.
·	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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