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THANK TO PHIS: 43

MAR 1 2 2014 T. BROWN

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	TEMPUS REAL ESTATE LLC Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
_	Vanessa Elmaleh Name of Person
	Name of Person
_	CILS IN C Firm/Company
	Firm/Company
-	407 Lincoln Rd #12F
-	City/State and Zip Code USavi Sa 55 (3) Y Choo. com E-mail address: (to be used for future annual report notification)
_	Usavisa 55 (g) Y Choo. com E-mail address: (to be used for future annual report notification)
For further information conce	
Vomeso Name of Per	at (796) 423 3838 Area Code Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:
\$25.00 Filing Fee	S30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

V	1485 CA	MARIO	
ur re	ecords.)	<u>``^`^\</u>	18.43 18.43

iability Company as it now appears on o lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____OS/23/29/3 and assigned Florida document number L 13 MOO 75 300 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MIAMI BEACH, Florida 33139
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.

A. JACT

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MORTI	JACOT, Christine	407 lincoln Rol	Add
		NIAMI FL 33139	Remove
MGRM	JACOT, Christine	2155 Washington Ct	🗹 Add
		niami fl 33139	□ Remove
MORM	VACOT & CO INC	407 lincoln Rd	Add
		MIADI FC 33139	Remove
	•		
NOR M	JACOT & COINC	2155 Washington Pont	🗹 Add
		MIAMI FL 33 133	☐ Remove
			□ Remove
			🗆 Add
			Remove

'If amending a	my other information, enter ch	ange(s) here: (Attach aa	lditional sheets, if necessary.,)
			-	
		в		
				
(The effective date	, if other than the date of filing must be specific, cannot be prior to date ament is filed by the Florida Department	e of receipt or filed date and car	(optional) nnot be more than 90 days after	
DatedO	212012a14,	2014		
	,	1		
		der or authorized represent		
		VANESSAEL	MAJEH, Attorney	1-in-tac

Page 3 of 3

Filing Fee: \$25.00