

10/02/2014 00:22

(FAX)

P.001/005

Division of Corporations

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**L1400057715**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000230998 3)))



H140002309983ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383 ✓

From:

Account Name : PROFESSIONAL SERVICES  
Account Number : I20040000024  
Phone : (786) 303-5010  
Fax Number : (305) 403-1061

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: FRANK555@PROSUS.NET

RECEIVED

14 OCT -2 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION**

**REOLI LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$61.25

14 OCT -2 PM 12:00  
FILED  
FLORIDA

Thank you!  
*[Signature]*

Electronic Filing Menu

Corporate Filing Menu

Help

10/02/2014 00:22

(FAX)

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COVER LETTER

414 000 2309983

TO: Registration Section  
Division of Corporations

SUBJECT: REOLI 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:

FRANK DIAZ

Name of Person

professional services llc

Firm/Company

3128 Coral Way

Address

Miami, Fla. 33145

City/State and Zip Code

frank555@prosus.net

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

For further information concerning this matter, please call:

Frank Diaz

Name of Person

at (786) 303-5010

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**

REOLI LLC

(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 Liability Company were filed on 04/ 08/ 2014 and assigned Florida document number L14000057715.

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 "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

3128 Coral Way

Miami, Florida 33145-3210

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3128 Coral Way

Miami, Florida 33145-3210

**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:

*Enter Florida street address*

Florida

*City*

FILED  
14 OCT -2 PM 12:00  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY  
FLORIDA

**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**

10/02/2014 00:22

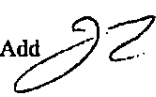
(FAX)

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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>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Frank Diaz</u>	<u>3128 Coral Way</u>	<input checked="" type="checkbox"/> Add 
		<u>Miami, Fla. 33145</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

10/02/2014 00:23

(FAX)

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 15th, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Frank Diaz,  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

FILED  
14 OCT -2 PM 12:00  
CLERK OF DISTRICT COURT  
ALACHUA COUNTY, FLORIDA