L14000018170

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COVER LETTER : :

TO: Registration Se			
SUBJECT: RM V	Real State Name of Limit	E Holdings Lited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	Tweencia	Name of Person	
		Firm/Company	
	4951 River	ZA BIVO Address	
	Missy	City/State and Zip Code	3
		FLOCENCIE Q YA	
For further information co	oncerning this matter, please ca	ili:	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

RMV REEL E	Stata d Liability Compa A Florida Limited	HOLUMS ny as it now appears on Liability Company)	our records.	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
The Articles of Organization for this Limited Lia Florida document number	170.	were filed on	1/25 THE STATE	T) and assigned
A. If amending name, enter the new name of	-	ility company here:	·	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica		7951 R MIRSHE	e, fi	33023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <u>0X)</u>	7951 T	2, F1 3	B1Vd 33023
B. If amending the registered agent and/oregistered agent and/or the new registered off			r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Flore	encia B	SIES SA)
New Registered Office Address:	4951 R	Enter Florida s		
	MIRAL		, Florida	33023 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vozza, Rodolfo	1390 Brichell AU soite 200	🗖 Add
		MIDMI, F1 33131	Remove
			Change
MGR	RNV REZI ESTEN HOÎCHINGS LLC	- 1390 BRICHELL ALS SHITE 200	Add
		MIRMI, FI 33131	🗆 Remove
			☐ Change
			Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
		THE TARY SEE	Remove Change
		SEE FLORIDA	
		•	☐ Change

amending any other information, enter change(s) here: (Attach additional sheets,			
			
			
			
		-	
fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day ote: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m.	. on th	ne earlier
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nted,		, tpp	
(Mord	ARY	S S	
Signature of a member or authorized representative of a member	<u> </u>	υ	
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Filing Fee: \$25.00