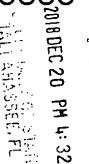
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		D BOX Realty, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Roman Bokeria		
			Name of Person	
		Miami RED BOX Realty,	LLC	
		<del></del>	Firm/Company	
		16850 Collins Ave, 106-B		
			Address	<del></del>
		Sunny Isles Beach, FL 331	60	
			City/State and Zip Code	
		romanmiamirealty@gmail.c	com	
		E-mail address: (	to be used for future annual report r	notification)
For further in	nformation c	oncerning this matter, please ca	all:	
Roman Bokeria		786 863-0777		
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	a check for the	he following amount:		
□ \$25.00 F	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:

TO:

**Registration Section** 

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**

 $\approx$ 

Miami RED BOX Realty, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	were filed on 05/01/2014 Signed assigned
The Articles of Organization for this Limited Liability Company	were filed on 05/01/2014 and assumed
Florida document number L14000070371	me -
This amendment is submitted to amend the following:	LE 2
A. If amending name, enter the new name of the limited liabi	lity company here:
RE/MAX Red Box, LLC	
The new name must be distinguishable and contain the words "Limited Liabil-	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16850 Collins Ave, 106-B
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL 33160
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Stutting address STAT BE A POST OF FICE BOXY	
B. If amending the registered agent and/or registered of 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Arlindo Machado	16850 Collis Ave. 106-B. Sunny Isles Beach, Fl. 33160	<b>=</b> Add
		<del></del>	□ Remove
			Change
MGR	Alexander Dario Agudelo Cano	16850 Collins Ave, 106-B, Sunny Isles Beach, FL 33160	Add
			□ Remove
			Change
			□ Remove
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			Add
			Remove
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(If an et <u>Note:</u> docur If the re	cord specifies a dela e 90th day after the		ate, but not ar	i enective time	s, at 12.01 a.		~ 1	
(If an ei <u>Note:</u> docur If the re	ecord specifies a dela e 90th day after the		ate, but not ar	i enective time	s, at 12.01 d.		2018 DEC 20	ere)

Page 3 of 3

Filing Fee: \$25.00