Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ALBER TAX ACCOUNTANT

Account Number : I20150000098 Phone

: (305)713-9142

Fax Number

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

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE 1934, U.C. (Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our reco-	nds.)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000107353</u>		•	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
The new name must be distinguishable and contain the work	ds "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1172 S. DIXIE HWY	2019	
(Principal office address MUST BE A STREET		# 483	7 FO FO	
14 Finespare of Free Bourney		CORAL GABLES, FL 3314	6 5 2	
Farman matting address if applicable		1172 S. DIXIE HWY		
Enter new mailing address, if applicable:	232	# 483	62 W	
(Mailing address MAY BE A POST OFFICE ROX)		CORAL GABLES, FL 3314	6 50	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered o	ffice address on our recou e:	rds, enter the name of the new	
New Registered Office Address:	1172 S. DIXIE HWY # 483			
	Enter Florida street address			
	CORAL GABLES		Florida 33146 Zip Code	
		City	zip Code	
New Registered Agent's Signature. If changing Re I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist- being filed to merely reflect a change in the re	agent and agr and complete ered agent as	ree to act in this capacity. I performance of my duties, provided for in Chapter 60	5, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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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>Name</u>	Address	Type of Action
Starchevich Blanco, Luis E	1172 S. DIXIE HWY	[] Add
	# 483	□ Remove
	CORAL GABLES, FL 33146	■ Change
Starchevich Marcovich, Sara V	1172 S. DIXIE HWY	
	# 483	Remove
	CORAL GABLES, FL 33146	23 Bachange
		D Add
		SECO Remove
		E Change
		□ vqq
		Remove
		Change
		☐ Remove
		Change
		□ Add
		□ Remove
		Change
	Starchevich Blanco, Luis E	Starchevich Blanco, Luis E # 483 CORAL GABLES, FL 33146 Starchevich Marcovich, Sara V # 483

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Typed or printed name of signee

Filing Fee: \$25.00