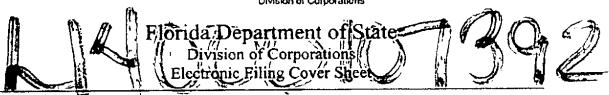
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : I20150000098 : (305)713-9142 Phone : (815)550-9948 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL ESTATE 1962, LLC.

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

REAL ESTATE 1962, LLC.				
(Name of the Limite	Liability Compa Florida Limited	ny as it now appears on our rec Liability Company)	orđs.)	
The Articles of Organization for this Limited Lia Florida document number L14000107392	and	and assigned		
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of		ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity 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)		1172 S. DIXIE HWY		
		# 483	-1.	20
		CORAL GABLES, FL 33	146	- 9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1172 S. DIXIE HWY		AND FILE PR 24
		CORAL GABLES, FL 33	146 🗀 :	
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered o ice address her	office address on our rec	ords, <u>enter the na</u> i	me of The new
Name of New Registered Agent:				
New Registered Office Address:	New Registered Office Address: Enter Florida street address Enter Florida street address			
	CORAL GAB	LES	, Florida <u>33146</u>	
		Clty	Zip C	ode
Now Desistand Agent's Signature if changing R	egistered 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>	<u>Address</u>	Type of Action
AMBR	Starchevich Blanco, Luis E	1172 S. DIXIE HWY	
		# 483	□ Remove
		CORAL GABLES, FL 33146	₩ Change
AMBR	Starchevich Marcovich, Sara V	1172 S. DIXIE HWY	□ Add
		# 483	☐ Remove
		CORAL GABLES, FL 33146	
			□ ∧dd
			☐ Remove
			Change
			Change P
			Remove (Dec
			Add
			☐ Remove
			Change
		·	Remove
			□ Change

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Typed or printed name of signee

Filing Fee: \$25.00