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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALBER TAX ACCOUNTANT
Account Number : 120150000098
Phone : (305)713-9142
Fax Number : (815)550-9948

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

Email Address: ACC. ALBER @ Hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REAL ESTATE 2014, LLC.

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Corporate Filing Menu

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2017 NOV 13 AM 9:56

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17 NOV 13 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE 2014, L.L.C.

(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 08/29/2014 and assigned
Florida document number 114000136174.

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 contain the words "Limited Liability Company," the designation "LLC" in the abbreviation.

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

360 OCEAN DRIVE
1206-S
KEY BISCAYNE, FL 33149

360 OCEAN DRIVE
1206-S
KEY BISCAYNE, FL 33149

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: STARCHEVICH BLANCO, LUIS E.

New Registered Office Address: 360 OCEAN DRIVE # 1206-S
Enter Florida street address

KEY BISCAYNE, Florida 33149
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.

STARCHEVICH BLANCO, LUIS E.
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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
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_____	_____	_____	☐ Add
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		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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TALLAHASSEE, FLORIDA

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TALLAHASSEE FLORIDA

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(b) The 90th day after the record is filed.

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