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(Re	equestor's Name)	<u>.</u>
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
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SECRETARY OF STATE ALLAHASSEE, FLORIO

ASSEE.FLORIDE

COVER LETTER

TO:	Registration Sec Division of Corp						
CLID IE		AN INTERNATIONAL F	REAL ESTATE SOLUTIONS	LLC			
Name of Limited Liability Company							
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspor	ndence concerning this matter	to the following				
		CARLOS CEPEDES	.				
		<u> </u>	Name of Person				
		CARLOS CEPEDES	LAWFIRM				
			Firm/Company	······································			
		10691 N KENDALL I	DRIVE,SUITE 303B				
			Address				
		MIAMI, FLORIDA 33	186				
			City/State and Zip Code				
		CACLAWCENTER@					
		E-mail address: (t	o be used for future annual report notifica	ation)			
For furth	er information co	oncerning this matter, please ca	ill:				
CARL	OS A. CEPEI	DES	305 400-8563				
	Name of	Person	Area Code Daytime T	elephone Number			
Enclosed	l is a check for the	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



May 7, 2015

CARLOS CEPEDES CARLOS CEPEDES LAW FIRM 10691 N KENDALL DRIVE, SUITE 303B MIAMI, FL 33186

SUBJECT: AMERICAN INTERNATIONAL REAL ESTATE SOLUTIONS, LLC.

Ref. Number: L14000165178

We have received your document for AMERICAN INTERNATIONAL REAL ESTATE SOLUTIONS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The name of the company is missing on the Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00009595

2015 HAY 18 PH 4: 11

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000165178</u>	were filed on 10/23/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	•
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10691 N KENDALL DR	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 303B	20 TA
	MIAMI, FL 33176	
Enter new mailing address, if applicable:		AY 18 P
(Mailing address MAY BE A POST OFFICE BOX)	Iress MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action ^ Address Title Title <u>Name</u> MGR **CAROLINA GAVILANES** 10960 SW 71 LN ■ Add MIAMI, FLORIDA ☐ Remove □ Add □ Remove □ Add ☐ Remove 🗀 Add □ Remove Remove □ Add ☐ Remove

If amending any other information, enter change(s) here: (At)	iach additional sheets, if necessary.)
	- ·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed dat the date this document is filed by the Florida Department of State)	e and cannot be more than 90 days after
Dated 4/22, 2015.	
Carolina Goodine	
Signatury of a member of authorized i	epresentative of a member
Signature of a member of authorized in CAROLINA GAVILANES	epresentative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE