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COVER LETTER

то:	Registi Divisio	ration Secti n _. of Corpo	on rations					
SUBJEC	CT:	REALTY	fire 1		5 8H, LVC ited Liability Company	<u> </u>		
The encl	osed Ar	ticles of Ar	nendment a	ınd fee(s) are sub	mitted for filing.			
Please re	eturn all	correspond	ence conce	rning this matter	to the following:			
				Mike	But the Name of Person			
					Name of Person			
				rantup	IEE INVERMENTS U.C. Firm/Company	<u>, </u>		
				1000 NW L	9th Street, hute 110		2011	
				FOLT LAUD	Wdale, FL 33309 City/State and Zip Code		DEC -	T
					City/State and Zip Code Lipyre. Co M to be used for future annual report notifi	cation)	ျမွန္မြင့္သည္ တေ 🐧	
For furth	er infor	mation con	cerning this	matter, please c			PH 12: 07	A. S.
1er	P1PA	Bongol Name of P	erson		at (454) 404 - 181 Area Code Daytime	K Telephone Number	- In the second	
Enclosed	lisach	eck for the	following a	mount:				
\$25.0			□ \$30.00 l	Filing Fee & cate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RE INVESTIMENTS 84, LC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with the wor	ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	S
	Enter Florida street address
-	City State State

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KAPETAN, AUFY N. JR	4400 N. FEDERAL HIGHWAY	🗆 Add
		lighthouse point, FL 33064	Remove
MGR	KAP HOUSE 1 ILL	AHOON. FEDERAL MGHWAY	Add
		LIGHTHOUSE POINT, FL 33064	□ Remove
			🗆 Add
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			8 PMaove D
		.41	D Add
			□ Remove

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The eff the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more tate this document is filed by the Florida Department of State)	(optional) han 90 days after

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