

L15000020081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF ALABAMA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTERNATIONAL REALTY SOLUTIONS MIAMI, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynda L Benjamin  
Name of Person

INTERNATIONAL Realty Solutions MIAMI, LLC  
Firm/Company

5580 PINETREE ROAD  
Address

PARKLAND, FL 33067  
City/State and Zip Code

intersolmiami@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda Benjamin at (954) 647-6960  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

+ 25.00

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

INTERNATIONAL REALTY SOLUTIONS MIAMI, LLC

(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 02/02/2015 and assigned Florida document number L15000020081.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5580 PINETREE ROAD  
PARKLAND, FL 33067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5580 PINETREE ROAD  
PARKLAND, FL 33067

**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:

Lynda L. Benjamin

New Registered Office Address:

5580 PINETREE ROAD

Enter Florida street address

PARKLAND, Florida 33067  
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.*

Lynda L. Benjamin  
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>
MGR	KENNETH MANNEY	7020 SOUTH A-1 A	<input type="checkbox"/> Add
		Melbourne, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lynda L. Benjamin	5580 PINETREE ROAD	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lynda L. Benjamin	5580 PINETREE ROAD	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2015 JUN 30 PM 1:44  
SECRETARIAT OF THE STATE  
TALLAHASSEE, FLORIDA 32301

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JUNE 25, 2015

*Lynda L. Benjamin*

Signature of a member or authorized representative of a member

*Lynda L. Benjamin*

Typed or printed name of signee