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(Re	questor's Name)	
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(Ad	dress)	
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COVER LETTER

TO: Registration Sec Division of Corp	etion		\$
Davos Re	eal Estate Group LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Gerard Gonzalez		
		Name of Person	
	Davos Real Estate G	Group LLC	
		Firm/Company	
	2666 S. BAYSHORE	DRIVE, SUITE 805	
		Address	
	MIAMI, FL 33133		
	_	City/State and Zip Code	
	corp@usvpartners.co	om o be used for future annual report notifica	tion)
For further information co	oncerning this matter, please ca		tiony
	meerining this matter, picase ca		
Gerard Gonzalez		786 708-2324	
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVOS REAL ESTATE GROUP 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 Liabil Florida document number <u>L15000023272</u>	ity Company were filed on <u>02</u>	2/06/2015	and a	ssigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company he	ere:		
The new name must be distinguishable and end with the word	s "Limited Liability Company," the	e designation "LLC" or	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		n our records, <u>er</u>	iter the nam	e of the new
New Registered Office Address:			27	File entroping of Files and as
	Enter Flo	orida street address	19 R	irmin S
		, Florida		1,400000
	City		ZigCod	le
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this characteristics.	nd complete performance of ed agent as provided for in (stered office address, I here	f my duties, and I Chapter 605, F.S.	am familiar v Or, if this do	vith and cument is
	If Changing Registered A	gent, Signature of Ne	w Registered A	<u>zent</u>

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

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Albert Someillan	2666 S. BAYSHORE DRIVE, SUITE 8	.05 ■ Add
		MIAMI, FL 33133	□ Remove
			Add
			□ Remove
			Remove
		·	□ Add
			Remove
	<u></u>		子 子 和Add=**
			©7 ©7 ☐ Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
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Effective da (The effective of the date this of	ate, if other than the date of filing:
, FEE	BRUARY 24 2015 // /
Dated	
_	Signature of a member or outhorized representative of a member
(Gerard Gonzalez / /
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

