

U5000057175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

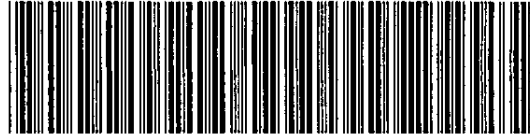
(Business Entity Name)

(Document Number)

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08/27/15--01015--016 \*\*25.00

FILED  
15 AUG 27 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 28 2015  
J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Paredes Family LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Graziela Machado

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2028 Harrison Street, Suite 102

\_\_\_\_\_  
Address

Hollywood, FL 33120

\_\_\_\_\_  
City/State and Zip Code

graziela.machado@realus.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Curtis Wolfe

305 812-4500  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Paredes Family 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 3/31/15 and assigned Florida document number L15000057135.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Realtus Management LLC

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:**

2028 Harrison Street, Suite 102

**(Principal office address MUST BE A STREET ADDRESS)**

Hollywood, FL 33120

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Graziela Machado

New Registered Office Address:

2028 Harrison Street, Suite 102

*Enter Florida street address*

Hollywood

, Florida

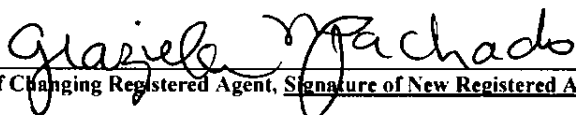
*City*

33120

*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.*

  
If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE  
15 AUG 27 PM 2:33  
MAIL ASSISTANT  
TALLAHASSEE, FLORIDA

**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	Graziela Machado	2028 Harrison Street, Suite 102	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bettina Montoya	2028 Harrison Street, Suite 102	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fabian Conde	2130 Van Buren Street, TH206	<input type="checkbox"/> Add
		Hollywood, FL 33120	<input checked="" 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

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

EIN 47-3648381

Multiple horizontal lines for amending information.

19 AUG 27 PM 2:32  
OFFICE OF THE  
TREASURER OF THE  
STATE OF FLORIDA

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 08/25/15

Signature of a member or authorized representative of a member

Fabian Conde  
Typed or printed name of signee