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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rey Realty Solutions 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:
DIANNE ACOSTA  Name of Person  Rey Realty Solutions  Finni Colonpany  PO Box 279525  Address  Miramor F 33027-906/  City/State and Zip Code  Caroxage G gman. 10 m  E-mail address: We be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (305) 300 - 1500  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{S60.00 Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

### 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

Name of the Limited	So ( U. Liability Compa Florida Limited I	ny as it now appears on o	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 150000</u> S		were filed on <u>65</u>	19/2015	_ and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th		_		
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	le:	NA	<u>ي</u> حوالا	2019
(Principal office address MUST BE A STREET A	<u>(1DDRESS)</u>	<del></del>	ACZ	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	N14.	AHASSEE, FL	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter the	e name of the nev
Name of New Registered Agent:	N 14	1	<del></del>	
New Registered Office Address:				
	Enter Florida street address			
			, Florida	
		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.

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>	Address	Type of Action
AMBK	JARdines, Reinier Cas	5115, Sr PO BOX 2795;	25 🗆 Add
		M (ramor F/33027-900	6/ Remove
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'an eff <u>vote:</u>	ive date, if other than the date of filing: 12-13-2018 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	12-13- 12018.
	Signature of a member or authorized representative of a member
	A signature of without of without of a memory
	DIANNE ACOSTA.

Page 3 of 3

Filing Fee: \$25.00