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(Cit	y/State/Zip/Phon	e #)
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AUG 3 1 2015 S. YOUNG

COVER LETTER*

Div	ision of Corp	orations			
SUBJECT:	GOLDEN IN	VTERNATIONAL REALESTATE & GROUP LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	l Articles of A	amendment and fee(s) are submitted for filing.			
Please return	all correspon	dence concerning this matter to the following:			
		LIBIA V. OSPINA			
		GOLDEN INTERNANTIONAL REALESTATE & GROUP LLC			
		Firm/Company			
		15681 SW 157 ST			
		Address			
		MIAMI, FL 33187			
City/State and Zip Code					
		E-mail address: (to be used for future annual report notification)	1.77	EUG	ì ì
For further in	nformation co	ncerning this matter, please call:		28	コードード
LIBIA V. O	SPINA	305 492 9250 at ()		22	ŗ
	Name of	Person Area Code Daytime Telephone Number		当 3 ⁽²⁾	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Fil	ling Fee,		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN INTERNATIONAL REALESTATE & GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L15000118497	eany were filed on $\frac{07/15/20}{}$	and assigned
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 I	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		三
		28 E
		- 1 = U
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and	•	

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
MGR	SANDRA X. CARNERO	17341 SW 117 CT MIAMI,FL3317	Add
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ocumen	t's effective date on the De	partment of S	tate's records.				
reco	rd specifies a delayed	effective d	late, but not	an effective	time, at 12:0	01 a.m. on the ear	rlier c
	Oth day after the reco	ord is filed.					
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The 9	JGUST 17		2015			**************************************	
The 9		Signature of a n		rized representativ	e of a member)	
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Filing Fee: \$25.00