## gida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number (850)617-6383

From:

Account Name

Account Number

Phone

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WESTON CORPORATE ADMINISTRATION, LLC

120090000072

(954)356-2905

(954)337-8346

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Email Address:

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## LLC AMND/RESÏTATE/CORRECT OR M/MG RESIGN LAND REALTY USA LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO

((( H 170003104563)))

## ARTICLES OF ORGANIZATION -

LAND REALTY USA LLC	
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on and assigned and assigned
Florida document number L16000041297	·
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET)	ADDRESS)
·	MILLS
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
<b>V</b>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
	D.A. 6
Name of New Registered Agent:	
New Registered Office Address:	k.
	. Enter Florida street address

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

Page 1 of 3 ((( +1170003104563))) Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H)7003104563))) MGR = Manager

AMBR =	Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
P	JAIRO GRANADOS	2225 N. COMMERCE PKWY	Add
		SUITE 4	□ Remove
		WESTON, FL 33326	☐ Change
			Remove
	,		Change
			Add
			☐ Reinove
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he record specifies a delayed effect The 90th day after the record is f		ective time, at 12:01 a.	m. on the earlier of:
Dated 11/27/17			
Signatur .	of a member or authorized repr	esentative of a member	<del></del>
JAIRO GRANADOS			
	ped or printed name o	l signee	
	Page 3 of 3		
	Filing Fee: \$25		
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