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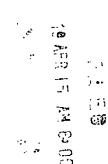
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| PICK-UP WAIT MAIL | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ROMELISA REAL ESTATE HOLDINGS 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: |
| RODAGO MEJIA Name of Person |
| ROMELISA REAL ESTATE HOLDINGS LLC Firm/Company |
| 16385 BISCAYNE BLUD UNIT 2905 |
| NORTH MIAMI BEACH FL 33160 City/State and Zip Code |
| DU ALUAREZ - ASSOCIATES MOBILE @ GHAIL . COM V E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ro DA GO NELA at (305) 409-0995 Name of Person 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 \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMELI SA REAL ESTATE HOLDINGS, 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 $\frac{4/01/2016}{}$ and assigned Florida document number <u>L 16 000065348</u> . 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 16385 BISCAYNE BLUB UNIT 2905 Enter new mailing address, if applicable: NORTH MIAMI BENCH FL (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: 16385 BISCAYNE BUVA UNIT 2905

Enter Florida street address New Registered Office Address: NORTH MIANI BEACH Florida 33160

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 |
|--------------|------------------------|---------------------------------------|----------------|
| MGR | RODRIGO MEJIA | 16385 BISCAYNE BLUA | |
| | | UNIT 240S | Remove |
| | | NORTH MIAMI BENCH FL 33160 | ■ Change |
| MGR | LILIANA SALDARRIAGA | 16385 BISCAYNE BLVA | |
| | | UNIT 290S | □ Remove |
| | | NOLTH MIAMI BEACH FL 33160 | Change |
| MGR_ | JUAN PABLO SALDARRIAGA | 16385 BISCAYNE BLUA | Add |
| | | UNIT 2905 | □ Remove |
| | | NORTH HIAMI BEACH FL 33160 | 🗗 Change |
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| D. If amen | iding any other | information, e | nter change(| (s) here: (Att | ach additional | sheets, if nece | essary.) | |
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| Note: II | me date inserted | than the date of e date must be speci in this block does on the Departmen | s not meet the | applicable sta | f filing or more th tutory filing req | (option 90 days after uirements, this | nal) filing.) Pursuant to (date will not be l | 605.0207 (3) isted as the |
| the recor) The 90 | rd specifies a Oth day after | delayed effect the record is f | ive date, b filed. | out not an el | fective time | at 12:01 a | .m. on the ear | lier of: |
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Filing Fee: \$25.00