

LI6000099252

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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NOV 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REI GROUP TEN 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:

RAQUEL B. MOWRER

Name of Person

OGC ASSOCIATES ORLANDO CORP.

Firm/Company

7065 WESTPOINTE BLVD. SUITE 205

Address

ORLANDO, FL 32835

City/State and Zip Code

RAQUEL@OGCFINANCIAL.COM

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

For further information concerning this matter, please call:

RAQUEL B. MOWRER

407 985-4404
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

**TO
ARTICLES OF ORGANIZATION
OF**

REI GROUP TEN 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 05/23/2016

Florida document number L16000099252

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)

100 W. LUCERNE CIRCLE, STE 200

ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 W. LUCERNE CIRCLE, STE 200

ORLANDO, FL 32801

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:

DENIO ABREU

New Registered Office Address:

100 W. LUCERNE CIRCLE, STE 200

Enter Florida street address

ORLANDO

City

Florida 32801

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

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or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Marcelo Rodrigues Afonso	11660 MANTOVA BAY CIR	<input type="checkbox"/> Add
		BOYTON BEACH, FL 33473	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Flavio do Amaral	PO BOX 39075	<input type="checkbox"/> Add
		DOHA QATAR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Nicolau Zeghbi Junior	Rua Petit Carneiro, 875 APT. 0201	<input type="checkbox"/> Add
		CURITIBA, PR BRAZIL 80240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GRAN SANTOS LLC	5283 MIDDLE CT	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Eduardo Bicudo de C. Azambuja	SQS 114, BL A APTO 504	<input type="checkbox"/> Add
		BRASILIA, DF BRAZIL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

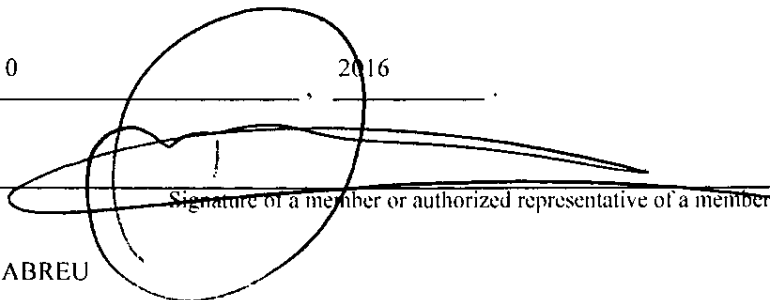
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November, 10, 2016


Signature of a member or authorized representative of a member

DENIO ABREU

Typed or printed name of signee

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ALABAMA, SECT. FLORIDA