1/6000/32857

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #))
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
Certified Copies	(Document Number) Certificates of	Status
Special Instructions 2017 JUL 18 PR 18	SECRETAIN FOLD STATE ORIGINAL STATES ORIGINAL STATES OF THE STATES OF TH	

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Regivs Group America, 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:					
Name of Person					
The I CILL Offices of N Betty Chonzellez, P.A. Firm/Company					
2151 Le Jeune Boad, Suite 304					
Coral (7ables), FL 33134 City/State and Zip Code					
E-mail address: (to be lised for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Name of Person					
Enclosed is a check for the following amount:					
S25.00 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

2017 JUL 10 PM 2:31

MILLAHASSEE, FLORING

REGIUS GROUP AMERICA 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 C	Company were filed on July 14,	and assigned
Florida document number 1.16000132857		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design:	tion "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add. Name of New Registered Agent:	ress here:	
Name of New Regimered Agent.		
New Registered Office Address:	Enter Florida st	pet address
	Citv	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my a gent as provided for in Chap,	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
Director	Lorenzo M. Acosta Trujillo	100 SE 3rd Ave 10th Fl, Ste1000	
•		Ft Lauderdale, FL 333949	☐ Remove
			☐ Change
			
			- Remove
			O PA 2: 3
			Remove
			Change
			D Add
			☐ Remove
			Change
			
			Remove
			Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
	TOTAL TO PA 2:31
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	<u></u>
E. Effective date, if other than the date of filing:) Pursuant to 605,0207 (3)(b) will not be listed as the
document's effective date on the Department of State 8 fections.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
Dated JUNE 29 2017 1 muyo Contact	
Signature of a member or authorized representative of a member	
Lorenzo Esteban Acosta Guillen	:
Typed or printed name of signee	· ·

Page 3 of 3

Filing Fee: \$25.00