

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001539313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: TAXLEAF.COM INC

Account Number : I20140000084

Phone

: (305)541-3980

Fax Number

: (888)772-8108

fucure **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

		_	_	•	\\ \tilde{\tilie}\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde
					≃ ⊆4
nail	Address:				Orti
				 	72

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA REAL ESTATE ALLIANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

n. BRUCE JUN 0 9 2017

H17000153931 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA REAL ESTATE ALLIANCE, L			
(Name of the Limited Limited (A Florida Limited	iny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000212082</u>	were filed on 11/1	8/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:	:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the des	ignation "LLC" or the	abibeciasion "CC."
Enter new principal offices address, if applicable:			- FEE
(Principal office address MUST BE A STREET ADDRESS)			
			SSR - C
Enter new mailing address, if applicable:	i [6		
(Mailing address MAY BE A POST OFFICE BOX)	• 18		<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on ou g:	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:		#.······	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	· 	
	Enter Florido .		
,	City	, Florida	Zip Ciule
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

ij

H17000153931 3

H17000153931 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Authorized Member Name	Address	Type of Action	
MGR	RENATO CARAM SAAD	3111 N UNIVERSI		
		#105 CORAL SP	RINGS Remove	
		FL, 33065		
	١		Remove	rut
		· · · · · · · · · · · · · · · · · · ·	□ Add	
			□ Remove	
·			SECRET	
			ASSE REMOVE	
		103.	TATE ORIDA	
			□ Remove	
				e
		·		£41£
		,	□ Remove	

Page 2 of 3

H17000153931 3

HIS

	H17000153931 3 ation, enter change(s) here: (Attach additional she	
E. Effective date, if other than the	e date of filing:	(optional)
(The effective date must be specific, can the date this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and cannot be more the lorida Department of State)	an 90 days after
Dated	John Dore Min -	
_		
	Signature of a member or purhorized representative of a mom	ber

Page 3 of 3

2017 JUN -8 A II: 56