117000059209

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SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

SUBJECT:	REAL EST	ATE INVESTMENTS SHOR	T TERM RENTALS LLC				
SUBJECT.		Name of Lim	ited Liability Company				
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Alfredo Cabral					
	Name of Person Cabral Accountants & Associates						
	Firm/Company 31 SE 5th Street, Ste 312						
	Address						
Miami, FL 33131							
		City/State and Zip Code ac.cpa@live.com					
		E-mail address: (to be used for future annual report notification)					
For further in	nformation co	oncerning this matter, please ca	all:				
Alfredo Cab	oral		305 926 - 5724				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	a check for th	e following amount:					
■ \$25.00 F	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:

TO: Registration Section

Division of Corporations

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/13/2017}{1}$ and assigned Florida document number ______L17000059209 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address CinvNew 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Javier A. Borrero	6931 SW 11TH STREET	
		PLANTATION, FL 33317	□ Remove
			Change
			□ Add
			☐ Remove
			Change
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			Change

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ective date, if other than the date of filing:	(optional)
neffective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.6
cument's effective date on the Department of State's records.	, 5
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
<u>.</u>	
ted $\frac{8/17/17}{2}$	
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Typed or printed name of signee

Filing Fee: \$25.00