(Re	questor's Name))
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Real Estate Global Sexuces LLC Name of Limited Liability Company	
<u>9</u> 8	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	N TI
Please return all correspondence concerning this matter to the following:	
Name of Person	の国人でし
Meal Estate global Services LCC Firm/Company	
4160 le 16 Aug suite 209	
Haleah 1-C. 33012	
City/State and Zip Code Santos j Services & Yahoo. (Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shirley Santos at (305) 440-6918 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 \& \Certified Copy \((additional copy is enclosed)\) \$\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

Meal Estate 910	bal S	ences (<u> </u>	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	1)17/201	and assigned	
This amendment is submitted to amend the following:				SECRETARY OF STATE TALLAHASSEE, FLORIDA
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				₹,
(Principal office address MUST BE A STREET ADDRESS)			ಹ	AEC SEC
			APR -9	SECRETARY OF STATE
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			٠٠٠	15. 11. 11. 11. 11.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, ent	er the name of the	e new
Name of New Registered Agent:	<u></u>			
New Registered Office Address:				
	Enter Flor	ida street address		
<u> </u>	City	, Florida	Zip Code	
New Degistered Agent's Signature if changing Degistered Agents	Ž		zip Coae	

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>1 itte</u>	Name	Address	Type of Action
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ote: If the date in	other than the date of listed, the date must be spec nserted in this block does we date on the Departme	ific and cannot be s not meet the a	pplicable statut	iling or more than	(optional) 90 days after filing ements, this date) Pursuant to 605.0207 will not be listed as
record speci The 90th day	fies a delayed effect after the record is	tive date, bu filed.	t not an effe	ective time, a	t 12:01 a.m.	on the earlier o
ated $3/\frac{3}{2}$	30/18	,	·	1		

Page 3 of 3

Filing Fee: \$25.00