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	Division of Corporations			
	Fax Number : (850)617-6383		_	
From:			2018	
	Account Name : TAXLEAF.COM INC			
	Account Number : I20140000084	-		Į.
	Phone : (305)541-3980			
	Fax Number : (888)772-8108	-		1
*Enter	the email address for this business en	tity to be used for fug		T
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL INVESTMENTS GROUP LLC

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EXAMINER

S

## 2018-12-14 21.22 13 (GMT) (((H18000355348 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL INVESTMENTS GROUP LLC

(Name of the Limited Liability Company as	it now appears on our records.)
(A Florida Linuted Liabili	ty Company)

The Articles of Organization for this Limited Liability Company were filed on <u>MARCH 13TH, 2018</u> and assigned Florida document number <u>L18000065806</u>.

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)

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Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)		-	
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	 2.71	ö	
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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:	Faher Florida street in	laress
	Слу	, Florida Zip Ciele

#### 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, E.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

# (((H18000355348 3)))

## 2018-12-14 21 22 13 (GMT) (((H18000355348 3)))

# If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

### MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GUSTAVO MARTINS PROENCA	1549 NE 123RD ST	🗖 Add
		NORTH MIAMI, FL 33161	Remove
			Chunge
AMBR	DANIEL GUEDERT PROENCA	1549 NE 123RD ST	🗆 Add
		NORTH MIAMI, FL 33161	Remove
			Change
AMBR	REAL INVESTMENT CORP	1549 NE 123RD ST	
		NORTH MIAMI, FL 33151	
			Remove
			Change
			Add
			🔤 🗌 Remove
			Change
			Add
			Remove
			Change

Page 2 of 3

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To SUNBIZILLC Page 5 of 5

2018-12-14 21 22.13 (GMT)	)
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

NOVEMBER, 28TH Dated Signature of a member or authorized representative of a member GUSTAVO MARTINS PROENCA

Typed or printed name of signee

Page 3 of 3

(((H18000355348 3)))