## 11800011779

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2018

BRENDA THOMPSON 427 NW 1ST TERRACE #A DEERFIELD BEACH, FL 33441

SUBJECT: REGIONS INTERNATIONAL INVESTMENT LLC

Ref. Number: L18000071779

We have received your document for REGIONS INTERNATIONAL INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00010377

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2018 JUN 1 1 PM 12: 3 OCPARTMENT OF ST 27/15/04 OF CORPORT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Kr. J.C. T. W. P. O.	inhility Common	148.1	our encueds )		
(A	Florida Limited L	iv as it now appears on iability Company)	out records.)		
The Articles of Organization for this Limited Liabi	lity Company	were filed on 3	23 18	and assi	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabi	lity company here:			
M.T. S Property Solution and contain the word	S LLC s "Limited Liabil	ity Company are socign	ation "LLC" or th	e abbreviation "L.l	C."
Enter new principal offices address, if applicabl	e:	Same Athres	, ,		
(Principal office address MUST BE A STREET A	(DDRESS)	Deactida	1 Beach	T 3344	
					<del></del>
Enter new mailing address, if applicable:				13 14 14 12 17	<del> </del>
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> _				·! ————————————————————————————————————
•					1 
D. If amonding the aggistered agent and/or	haristanad of	Tipo paddross on on	r roosede on	tor the name	of the new
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>en</u>	ter the name (	or the new
Name of New Registered Agent:	- Bren	do trans	300		
New Registered Office Address:	427	NM ISE "	erace	A 4	
······································	De-a	Enver Florida s	rreet address - N . Florida	33441	
•		City		Zip Code	

## 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.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
<del></del>	Michael A. Garnes Jr	Beach 11 334111	- Ca Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if i	necessary.)
	<del></del>
	<del></del>
	<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to 605,0207 (3)(h nis date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated 5/10/18.	
Signature of a member or authorized supervised for	
Signatur of a member or authorized representative of a member	
WTyped or printed name of signee	

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Filing Fee: \$25.00