## 118000117091

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Granding) Thomas N
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

Division of Co	orporations		
REAL IN	TERNATIONAL INVESTME	NT LLC	
SUBJECT:	Name of Lin	mited Liability Company	
	f Amendment and fee(s) are su	_	
riease return all corresp	condence concerning this matter	r to the following:	
	HERNAN DUARTE		
	<del></del>	Name of Person	
		Firm/Company	<del> </del>
	4825 SW 152 CT, UNIT	F	
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33185		
		City/State and Zip Code	
	hduarteromero@yahoo.c		
	E-mail address:	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
HERNAN DUARTE		305 2508125	
Name	of Person	Area Code Daytime	c Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

REAL INTERNATIONAL INVESTMENT	LLC	
( <u>Name of the Limited Liab</u> i (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 05-11-2018	and assigned
Florida document number L 18000117091		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviationL
Enter new principal offices address, if applicable:		Dr. Cols
Principal office address MUST BE A STREET ADD	RESS)	
		<u>ာ</u> မှုပြု ယ
Enter new mailing address, if applicable:		# 25년 # 25년
Mailing address MAY BE A POST OFFICE BOX)		<b>Ο</b> , Δ.
3. If amending the registered agent and/or regi egistered agent and/or the new registered office add	stered office address on our records, <u>en</u> dress here:	ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	7ip 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.

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HERNAN DUARTE	4825 SW 152 CT UNIT F	
		MIAMI, FL. 33185	■ Add
		MIAWI, FL. 33165	Remove
			Change
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Note:	ffective date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing  If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	· _
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. a 90th day after the record is filed.	on the earlier of:
Dated	07-02-2018 S-H	
	Signature of a member or authorized representative of a member	
	ELSY DEL MAR DUARTE	

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Filing Fee: \$25.00