L18000166576

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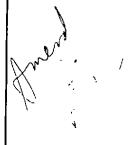


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COVER LETTER

TO: Registration Section Division of Corporations					• . •	
ara u		KBEN'S II	NTERNATIONAL REALTY.	LLC		
SUBJE	:C1: _	.,	Name of Lim	ited Liability Company		
The end	closed :	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return a	ll correspo	ndence concerning this matter	to the following:		
			Octavio Miguel Rueda			
				Name of Person		
			IKBEN'S INTERNATION	IAL REALTY, LLC		
				Firm/Company		
			8403 Pines Blvd, #1077			
				Address		
			Pembroke Pines, FL 3302-	1		
			··	City/State and Zip Code		
			OMRueda@IkBens.com	to be used for future annual		
For fur	ther into	ormation co	neerning this matter, please co		report notification)	
	o M. Ri			•	0-4888	
		Name o	f Person	at () Area Code	Daytime Telephone No	ımber
Enclose	ed is a c	heck for th	ne following amount:			
₩ \$25	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Cer losed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	Registrati Division Clitton B 2661 Exe	COURIER ADDRES ion Section of Corporations uilding centive Center Circle see, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IKBEN'S INTERNATIONAL REALTY, LLC

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

The Articles of Organization for this Limited Liability Company	v were filed on July 10th, 2018	and assigned	
Florida document number L18000166576			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	Ifity Company," the designation "LLC" or the a	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	2875 NE 191st Street, Suite 500		
(Principal office address MUST BE A STREET ADDRESS)	RESS) Aventura FL 33180		
		202	
		702 NOY	
Enter new mailing address, if applicable:	2875 NE 191st Street, Suite 500		
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33180	UY	
printing duties many to the first of the first			
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new	
		·	
New Registered Office Address:	Enter Florida street address		
	vnier v torida street address		
	, Florida	Zip Code	
Non-Businessed bounds Simuston (Calconing Davis and Lange	•	глр с, оае	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

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
			Add
			□ Remove
			Change
			□ Remove
			□ Change
			D Add
			☐ Remove
			☐ Change
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If amending any other informa					
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b' document's effective date on the D	st be specific and cannot be lock does not meet the a	prior to date of filio pplicable statutor	ug or more than 90 d	ays after filing.) Pursuant to	605.0207 (listed as t
he record specifies a delayed The 90th day after the rec		t not an effec	tive time, at 1	2:01 a.m. on the ea	rlier of:
Dated November 11th	. 2020	$-\sqrt{\lambda}$		>	
	Signature of a member or	aluffori ed represe	ntative of a member		
			ZIO M. RUEDA		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00