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T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REALI PRIVATE BROKERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL HERNANDEZ

Name of Person

REALI PRIVATE BROKERS LLC

Firm/Company

3497 W VINE ST

Address

KISSIMME FL 32819

City/State and Zip Code

jorgemende@jmcimoveisnaflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE MENDES

Carioca

786 2229-0922
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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 PRIVATE BROKERS 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 were filed on 10/25/2018 and assigned
Florida document number 1800251190.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

MIOSOTI DISLA

New Registered Office Address:

12453S ORANGE BLOSSOM TRAIL STE 100

Enter Florida street address

ORLANDO

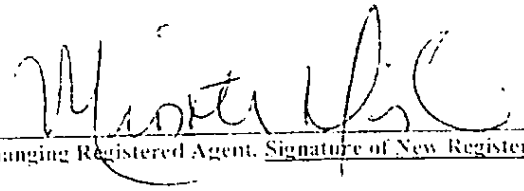
City

Florida 32837

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.


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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JORGE MENDES <u>CASOCCA</u>	12225 AUGUSTA WOODS CIRC ORLANDO FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	LADISLAW MAZURKIEWICZ <u>Noriega</u>	3497 W Vine St Kissimmee FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CIPRIANO NOGUERA	3497 W VINE ST KISSIMME FL FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	GABRIEL DE CASTRO	3497 W VINE ST KISSIMME FL FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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KISSIMMEE FL 32819
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ASSEMBLE ON 207/15/2019

CONVOCAE ALL THE SHAREHOLDERS TO INCLUDE IN THE ARTICLES THE

SHAREHOLDERS AS FOLLOW:

LADISLAU MAZURKIEWICZ CIPRIANO NOGUERA : 59%

JORGE MENDES : 30%

SOLUTIONS VIP CORP : 10%

GABRIEL DE CASTRO NOGUERA : 1%

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CLERK OF COURT
CLERK OF COURT

08/02/2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

August 7, 2019.

Signature of a member or authorized representative of a member

DANIEL HERNANDEZ

Typed or printed name of signee