

L18000251190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

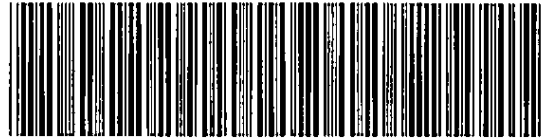
(Business Entity Name)

(Document Number)

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10/15/19--01003--013 **25.00

R. WHITE

01/01/2019

2019 OCT 15 PM 4:15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORRECTED NAME OF SHAREHLDER ,AND SALE ADQUISTISIO

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:

MIOSOTI DISLA

Name of Person

REALI PRIVATE BROKERS LLC

Firm/Company

3497 W VINE ST

Address

City/State and Zip Code

KISSIMME FL 34741

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

For further information concerning this matter, please call:

MIOSOTI DISLA

407

450-0621

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**

REALI PRIVATE BROKERS LLC

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

2019 OCT 15 PM 4:15

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18000251190.

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)

St.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

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>
AMBR	NOGUERA CIPRIANO	3497 W VINE ST KISSIMMEE FL 34741	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAZURKIEWICZ NOGUEIRA LADISLAU	3497 W VIVE ST KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

SPECIAL MEETING HELD OF THE SHAREHOLDERS ON 10/07/2019

APPROVING SHAREHOLDERS TRANSFER

THE FIRST POINT OF DISCUSSION : APPROVAL TRANSFER OF STOCKS BETWEEN
MAZURKIEWICZ NOGUEIRA LADISLAU
AS FOLLOW FROM THE

59 %PERCENT TRANSFERING 4% TO JORGE MENDES CARIOCA

STOCKS ARE NOW MAZURKIEWICZ NOGUEIRA LADISLAU 55% JORGE MENDES CARIOCA 35%

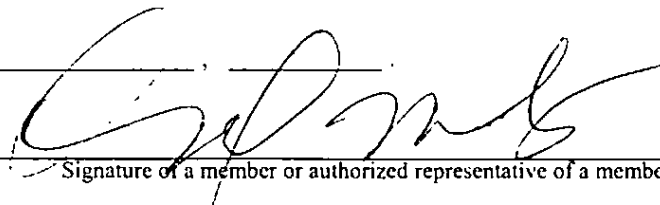
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/08/2019



Signature of a member or authorized representative of a member

JORGE MENDES CARIOCA

Typed or printed name of signee