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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	<u> </u>		Prica-	LC.
	Name of Limit	ted Liability Company	<i>;</i>	
SUBJECT: Call Estate America Call Call Call Call Call Call Call C				
Please return all correspond	lence concerning this matter t	o the following:		
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Name of P	erson	Area Code	Daytime Tele	ephone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee		Certified Cop	oy .	Certificate of Status & Certified Copy
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Reg Div The 241	et Address: gistration Section rision of Corpora c Centre of Talla 5 N. Monroe Str lahassee, FL 323	ntions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	
Roal Estate	America VI
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>~ 1 8 00 0 2 6 5 8 4 4</u> ,	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile A MOVICA Transfirst a contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name of the limited liability In the new name of the liability In t	ion & services I.C.
Enter new principal offices address, if applicable:	11 NE 151 St
(Principal office address MUST BE A STREET ADDRESS)	Miam. FL 37172
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 NE 15+5+ 8+15 Floor AH170 Migmi FL 33132
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
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 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	Address	Type of Action
			□Add
			Remove
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_		Signature of	a member or auth	orized represent	ative of a member	 	
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