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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
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ECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI	FUTURES	REALTY INVESTMENT LL	.c	
SUBJ		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		JOSE CONTRERAS		
		FUTURES REALTY INVES	Name of Person STMENT LLC	
		2659 MINT DR	Firm/Company	
		ORLANDO, FL 32837	Address	
		FUTURESREALTY@GMAII	City/State and Zip CodeCOM to be used for future annual report notifi	ication)
For fu	rther information co	oncerning this matter, please ca	•	
JOSE	CONTRERAS		321 337-3475	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
≘ \$2	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)
	MAIL	ING ADDRESS;	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUTURES REALTY INVESTMENT LLC

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

(1)	Milita Stiffice Mantity Company	
The Articles of Organization for this Limited Liabi Florida document number L19000075805		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the name
Name of New Registered Agent:		Dir.
New Registered Office Address:	Enter Florida stre	et 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>	Address	Type of Action
MGR	JESSICA ANDREINA CUEVAS ARRIETA	2659 MINT DR, ORLANDO FL 32837	
			■ Remove
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lf an eff <u>Note:</u>	ive date, if other than the date of fective date is listed, the date must be speci. If the date inserted in this block does nent's effective date on the Department.	ific and cannot be prior to da s not meet the applicable	ate of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.02 ts, this date will not be listed
	cord specifies a delayed effect e 90th day after the record is f		n effective time, at 12	:01 a.m. on the earlier
Dated	October 1st	2019		
		<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00