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COVER LETTER

TO:	Registration S Division of Co					
emb ic	,	Local Real Estate, LLC				
SUBJEC	Name of Limited Liability Company					
The encl	losed Articles of	`Amendment and fee(s) are sub	omitted for filling.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Claudine Bulek				
			Name of Person			
			Firm/Company			
		870 NW 168 Ave				
			Address	· · · · · ·		
		Pembroke Pines, FL 3302	8			
		claudincking/@msn.com	City/State and Zip Code	··		
		F-mail address: (to be used for future annual report i	otification)		
For furth	er information of	concerning this matter, please c	all:			
Claudin	e Bulek		954 687-3673 at ()			
	Name (of Person	Area Code Day	time Telephone Number		
Enclosed	d is a check for t	he 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)		
	Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Cor			

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foreign & Local Real Estate, 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 $\frac{04/30/2019}{-}$ and assigned Florida document number $\frac{4.19000117181}{1.19000117181}$ 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

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	Pablo A Carreno Rueda	870 NW 168 Ave Pembroke Pines, FL 33028	
			■ Remove
A 1/215	Marcio Bulek	870 NW 168 Ave Pembroke Pines, FL 330	Change
MGR —		Pembroke Pines, FL 330	SS ■ Vdq
			☐ Remove
			Change
			🗅 Add
		 	□ Remove
			Change
			
			☐ Remove
			Change
			O Add
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fan effe <u>Note:</u>	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	July 3/2019
	Signature of a member or authorized representative of a member
	Claudine Bulek
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00