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Certified Copies	_ Certificates	of Status
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QU 5/22/20 Marisol Morera-Marrero, Our day time phone number is 305-772-2300.

We are trying to have both Jaime Jose Morera and Marisol Morera-Marrero appear as managers inst of President and secretary. We have included a check for \$25.00 and forms. Please advise if we need do anything further.

Thank you for your time,

Marisol Morera-Marrero

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PINTA REA	ALESTATE, LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Marisol Morera - Mar Name of Person	rero
Firm/Company	
10230 Sw W Street Address	
MIGMI, Fl 33173 City/State and Zip Code	
E-mail address: (to be used for future annual repo	Ol. COM ort notification)
For further information concerning this matter, please of	call:
Marisol Morera - Marreron (3	305 <u>770-2300</u> Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF ORGANIZATION OF

PINTA KE	EALESTATE, I	1 (020 MAY - 4 AM 7. 2:
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number 300340,29873 This amendment is submitted to amend the following	13-1-20000H	12192
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		signation "LLC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registengent and/or the new registered office address her		cords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la street address
		D1:.3-
	City	, Florida Zip Co

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liad company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Туре
MGR	Marisol Morera-	10230 Sw 64 St.	
	Marrero	Miami, Fl 33173	DI
			_≱
MGR	Jaime Jose Morera	10230 SW 64 St.	
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Note: 1	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ded.
Dated _	Signature of a member or authorized representative of a member
	Mail Sol Moy eta - May eta - May eta - Typed or printed name of signee