Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : 119990000017 : (305)485-9300 Phone

: (305)485-1098 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL ESTATE INTERNACIONAL, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SEVISION OF CORPORATIO: 17
2021 SEP 27 AM 10: 17

(Name of the Limited Liability Company as it now appears on our records.) (Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/21/2020 and assigned Florida document number 1,20000338251 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." N/A 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 Florida

New Registered Agent's Signature, if changing Registered Agent:

REAL ESTATE INTERNACIONAL, LLC

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

Title	Name	Address	Type of Action
VP	GILMA ARELLANO	4137 NW 78 AVE #101 SUNRISE, FL 33351	
			≣Remove
			□Change
AMBR	FERNANDO MARTINEZ	4137 NW 78 AVE #101 SUNRISE, FL 33351	□ Add
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fect	ive date, if other than the date of filing: (optional) ective 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 605.0
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cum	ent's effective date on the Department of State's records.
ccor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t led.
ited	SEPTEMBER 27
	Signature of a member or authorized representative of a member