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MAR 2 9 2021 S. YOUNG

COVER LETTER

r :

Tallahassee, FL 32314

TO: Registration S Division of Co			
	west LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexander Reus		
		Name of Person	
		Firm/Company	
	340 West Flagler Street, 2	nd Floor	
		Address	
	Miami, Florida 33130		
	areus@drrt.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Alexander Reus		305 760-8012	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed 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)
Mailing Addre	Section	Street Address: Registration Sec	
Division of C P.O. Box 633	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mimosa Invest LLC		202
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) aited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on January 19, 2021	and assigned
Florida document number 1.21000038266		
This amendment is submitted to amend the following:		7: 27
A. If amending name, enter the new name of the limited	liability company here:	
RE-FL Invest LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter 1 tortale sirect ditaress	
	, Flori	ida Zip Code
	City	z.p c.ouc

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
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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Effective date, if other than the	date of filin	ıσ:			Coptic	onal)	
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	lock does not i	meet the appli	icable statutor	ng or more than ry filing requi	90 days after rements, this	filing.) Pursuant date will not	to 605.020° be listed as
ne record specifies a delayed effective ord is filed.	re date, but no	t an effective	time, at 12:01	a.m. on the	arlier of: (b) The 90th da	y after the
Dated February 5		2021	·				
	Signature of a	member or aut	horized represe	entative of a me	mber		
Alexander Reus	•		.,				

• . . •

Filing Fee: \$25.00