## 123000418687

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## **COVER LETTER**

	Registration Se Division of Cor					
		TIONAL REAL ESTATE REI	FERRALS, LLC			
SUBJECT	l:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	arn all correspo	ondence concerning this matter	to the following:			
		WILLIAM D BARNES		.c. ~2		
Name of Person				023 C FAI		
INTERNATIONAL REAL ESTATE REFERRALS, LLC				2023 OCT 16 Fil 1:5  SECRETALISMA FELICIO  TALI ANNA FELICIO		
	5, 6					
	1146 HIDDEN VALLEY WAY					
	Address					
	WESTON, FL 33327					
		wjcbarnes@gmail.com	City/State and Zip Code			
		E-mail address; (	to be used for future annual report no	otification)		
For furthe	r information c	oncerning this matter, please e	all:			
WILLIAM	M D BARNES		954 661-5301 at ()			
	Name o	f Person		me Telephone Number		
Enclosed i	is a check for th	ne following amount:				
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	dailing Addres		Street Address: Registration S	ection		
Ι	Division of C P.O. Box 632	orporations	Division of Corporations The Centre of Tallahassee			
	Fallahassee, 1		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL REAL ESTATE REFERRALS.					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000418687</u> .	were filed onand assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	WILLIAM D BARNES				
(Principal office address MUST BE A STREET ADDRESS)	1146 HIDDEN VALLEY WAY				
	WESTON, FL 33327				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 OCT   6 SECRE 1/1::7				
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new registere				
agent and/or the new registered office address here:	S S				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida				

## 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

Zip Code

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
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ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01	a.m. on the earlier	of: (b) The 9	Oth day after th
is med.				
OCTOBER 10 2023				
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Filing Fee: \$25.00