Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| NT GROUP, LLC |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLAGLER BROKERAGE AND MANAGEMENT SERVICES LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

COVER LETTER

| | istration Sectision of Corp | | | |
|---------------|-----------------------------|--|---|---|
| OLD HE CT | Flagler Broke | erage And Management Servi | ces LLC | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed | i Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please return | all correspon | dence concerning this matter t | o the following: | |
| | | Jessica Perez | | |
| | | | Name of Person | 1990-F15 - 1986 |
| | | | Firm/Company | |
| | | 117 NE 1st Avenue, 11th F | loor | |
| | | | Address | ······································ |
| | | Miami, FI. 33132 | | |
| | | | City/State and Zip Code | |
| | | kolleen.cobb@feci.com | to be used for future annual report notit | ication) |
| For further i | nformation co | ncerning this matter, please ca | | |
| Jessica Pere | 2 | Person | 305 520-2366 at () | |
| | Name of | Person | Area Code Daytime | e Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| \$25.001 | Filing Fec | ☐ \$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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Flagler Brokerage And Manageme | | | |
|---|---|---|---|
| Name of the Limi | ted Liability Company as it now (A Florida Limited Liability Com | appears on our records.) panyi | |
| The Articles of Organization for this Limited L | iability Company were filed | on 03/14/2012 | and assigned |
| Florida document number L12000036584 | • | | |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited liability compa | any here: | |
| - - 10- | | | · 🕏 |
| The new name must be distinguishable and contain the | vords "Limited Liability Company | "," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if appli | zoblo: | | |
| • • • | | | न हैं |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | ب |
| | | | 12 |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | BOX | | |
| | · | | *************************************** |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and new registered of the new registered of the new registered agent and new registered agent | | ess on our records, <u>er</u> | iter the name of the n |
| registered agent and of the new registered | inter address bere. | | |
| Name of New Registered Agent: | Kolleen O.P. Cobb | *************************************** | |
| New Registered Office Address: | 117 NE 1st Avenue, 11th I | Floor | |
| | Er | nter Florida street address | |
| | Miami | , Florid | a 33132 |
| | City | | Zip Code |

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

PAGE 5 OF 6

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> | Name | Address | Type of Action |
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| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more | (optional) |
| If the date inserted in this block does not meet the applicable statutory filing r | equirements, this date will not be listed |
| iment's effective date on the Department of State's records. | |
| ecord specifies a delayed effective date, but not an effective tim | se, at 12:01 a.m. on the earlie |
| ne 90th day after the record is filed. | ••• |
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| ed October 25, 2018 7 PCrCG Signoture of a member or authorized representative of | |

10/25/2018 3:26:17 PM FAXCOM Anywhere

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Page 3 of 3

Filing Fee: \$25.00