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MAY 1 0 2017

COVER LETTER

TO: Reg	istration Sec	ction'	,	
Div	ision of Corp	porations	*·.	not.
SUBJECT.	AD Realty I	Enterprises LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Andrea Domingues		
			Name of Person	
			Firm/Company	
		10240 Via Hibiscus # 4		
			Address	
		Boca Raton - FL 33428		
		adrealtor 15@gmail.com	City/State and Zip Code	
			to be used for future annual report	t notification)
For further in	nformation co	oncerning this matter, please ca	all:	
Andrea Don	ningues		561 617-444	14
	Name of	Person	Area Code Da	sytime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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 ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

AD Realty Enterprises LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on oui</mark> Liability Company)	records.)	
ne Articles of Organization for this Limited I	Liability Company	were filed on _03/29/201	6	_ and assigned
orida document number L16000063174	·			
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company here:		
andrea Domingues LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbro	eviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)	•		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	E BOX)	N/A		
				
B. If amending the registered agent and egistered agent and/or the new registered of			ecords, enterati	ne name of the
			92	
Name of New Registered Agent:	N/A		****	to
New Registered Office Address:	N/A			
_ · · · · · · · · · · · · · · · · · · ·		Enter Florida stree	t address	
			, Florida	
		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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		N/A	Add
			Remove
			Change
			□ Add
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			Add to
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			Change

ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	N/A		
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	$\frac{5}{3}$ $\frac{2017}{}$		
Signature of a member or authorized representative of a member	Dated		
Signature of a member or authorized representative of a member	Incheage		
	Signature of a member or authorized representative of	a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00