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(Re	equestor's Name)	-
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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ALIN 10 200	Xtreme Into	ernational Realty MCM Propert	ties LLC	
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Tony E. Martinez		
			Name of Person	
		TGAT Real Estate LLC		
			Firm/Company	
		11386 W. State Road 84		
			Address	
		Davie, FL 33325		
		xteamdavie@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please ca	all:	
Tony E. M	lartinez		954 954-663-02 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	ne 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

2018 CO. 14 AH 11: 04 Xtreme International Realty MCM Properties LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10-07-19}{1000}$ and assigned Florida document number 1.19000246125 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 "LLC." 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 City

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>	<u>Address</u>	Type of Action
MGR	Tony E. Martinez	11386 W. State Road 84	(Add
		Davie, FL 33325	☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
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			☐ Change

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ffective date, if other than the date of fil an effective date is listed, the date must be specific lote: If the date inserted in this block does no ocument's effective date on the Department of	and cannot be prior to da of meet the applicable.	te of filing or more than 9	(optional)) days after filing.) Pursuar ments, this date will not	nt to 605.020 be listed a
e record specifies a delayed effective The 90th day after the record is file		effective time, at	12:01 a.m. on the	earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00