L14000025577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 11 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Assets Overseas Realty LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Estrella Parada
Name of Person

Assets Overseas Realty LLC
Firm/Company

12773 Forest Hill Blvd Suite 107
Address

Wellington Florida 33414
City/State and Zip Code

info@aorealtyhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Estrella Parada at (561) 900-8399
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

FILED
2015 SEP 10 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Assets Overseas Realty 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 02/13/2014 and assigned Florida document number L14000025577.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A.O. Realty LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 *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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2015 SEP 10 AM 10: 50
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: ______________________ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Sept. 8, 2015.

Signature of a member or authorized representative of a member

Jeff Harrington, Corporate Counsel
Typed or printed name of signee

Filing Fee: $25.00