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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAT REALTY GROUP LLC

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OCT 2 3 2015

S. YOUNG

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| JAT Realty | 1 Group L | LC | |
|--|--|--|----------------|
| (Name of the Limited Liabili (A Florida | to Company is it now Lumited Liability Com | appears on our records.) | |
| The Articles of Organization for this Limited Liability (Florida document number <u>LIS 000 165 105</u> | Company were filed or | n 09/28/2015 and a | ssigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ilted liability compan | Y herė: | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability (| Company," the designation "LLC" or the | e abbreviation |
| Enter new principal offices address, if applicable: | | TALL SEC | ហ៊ |
| (Principal office address MUST BE A STREET ADD) | (ESS) | | 員力 |
| Euter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | ASSEE, ILOSII | 122 NE 9 4 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | tered office address ress here: | on our records, onter the name | of the new |
| Name of New Resistered Agent: | | | |
| New Registered Office Address: | | *** | |
| | | Enter Florida street address | • |
| | Çisy | Florida Ziv Code | |
| New Registered Agent's Signature, if changing Registered | <u>-</u> | | |

Thereby 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 603, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: | | | | | |
|--|----------------|---|----------------|--|--|
| MGR = Manager AMBR = Authorized Member | | | | | |
| Tide | Name | Address | Type of Action | | |
| <u>HGR</u> | Teresita Trejo | 10580 NW 275+. | Add | | |
| | | Doral, FL 33172 | Remove | | |
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| D. If amending any ot | her information, enter change(s) here: (Attach | additional sheets, if necessary.) |
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| E. Effective date, if oth Of an effective date is lis | er than the date of filling: ted, the date must be specific and cannot be more | (optional) e than 90 days after filing.) (605.0207 (3)(6 |
| Dated Octobe | Journ C Fen' | <u></u> |
| | Signature of a member of authorited trope To SMULT Typed or printed name of | ez. |
| | Page 3 of 3 | |