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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

D. BRUCE

OCT 0 3 2008

EXAMINER

COVER LETTER

Division of Cor	porations						
SUBJECT: BARCL	AY'S REAL ESTAT	E GROUP, LLC		6	1		
	(Name of Lim	ited Liability Company)		_			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	ALY	W					
,	· (Name of Person)						
DENNIS R BEDARD ESQ.							
		(Firm/Company)					
	1717 N BAYSHORE DRIVE SUITE 215						
(Address)					П		
	MIAMI FL 33132			ARY ASSE	_		
		(City/State and Zip Code)			ロコ		
For further information of	oncerning this matter, please c	all:		PN 2: 2! OF STATE			
Torraner mioritation e	oncoming and matter, prease o			29 EEA			
ALY		at (305) 530 0795					
(Name o	of Person)	(Area Code & Daytime T	elephone Numbe	er)			
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &)		
			(,,	•		

MAILING ADDRESS:

Registration Section

TO:

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

BARCLAY'S REAL ESTATE GROUND (Name of the Limited L) (A F		ny as it now appears on our nability Company)	records.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on 07/23/203	and assigned		
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follow.		ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ble:	618 SW 8TH STREET	7.0 .0		
(Principal office address MUST BE A STREET		SUITE 105	CR C		
		MIAM FL 33130			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox)	618 SW 8TH STREET	LED -2 PM 2: RY OF \$TA SSEE, FLOR		
Training unaress MIII BB/II 1 051 01 1102 B	<u>0717</u>	MIAMI FL 33130	70 A		
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	ce address her	fice address on our reco	ords, enter the name of the new		
	(Enter Floria				
	MIAMI		, Florida <u>33130</u>		
		(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> **Address** MGR THIBAUT RIVES DE LAVAYSSE 1717 N BAYSHORE DRIVE UNIT 2933 **₽** ✓ Add MIAMI FL 33132 Remove ☐ Add Remove 🗂 Add Remove ☐ Add Remove **「** Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SEPTEMBER 25 Signature of a member or authorized representative of a member MATHIEU ROCHETTE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00