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| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY, OF STATE
TALLAMA SSEES FLORID

S. HAWKES

AUG 2 6 2010

EXAMINER

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|---|--|--|--|
| SUBJECT: AU | iction Generation LLC | | |
| | Name of Limited Liability Company | | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are submitted for filing. | | |
| Please return all correspon | dence concerning this matter to the following: | | |
| | | | |
| | Troy Fowler Name of Person | | |
| | · | | |
| | Audion Generation LC | | |
| Firm/Company | | | |
| | Avotion Generation LC Firm/Company 1200 Brickell Ave Suite 1950 Address | | |
| | Address | | |
| | Mi Ami FL 33131 City/State and Zip Code | | |
| | City/State and Zip Code | | |
| · | troya (Nueston realty group. com [E-mail address: (to be used for future annual report notification) | | |
| For further information con | ncerning this matter, please call: | | |
| Troy For | Person Area Code & Daytime Telephone Number | | |
| C Name of Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the | e following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy | | |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

(additional copy is enclosed)

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Auction Generation | IN LLC | | |
|--|---|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) | | |
| The Articles of Organization for this Limited Liability Company we Florida document number | vere filed on 05/31/2005 and signed | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| Investor Realty | Grap LLC | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company," the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | 5 ute 1950 | | |
| (Principal office address MUST BE A STREET ADDRESS) | 5 coto 1950 | | |
| | MIAMI FL: 33/3/ | | |
| Enter new mailing address, if applicable: | 4045 Sherdon Ave #428 MIAMI BEACH FT 33140 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | #428 | | |
| | MIAMI BEACH FT 33140 | | |
| 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address** Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 08/23 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00