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SECRETARY OF STATE
ALL AHASSEE FROM THE

D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		;				
SUBJECT: Metro T	eam Realty, LLC (Name of Limit	ted Liability Company)			=	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
	Robert L. Kagel	(Name of Person)				
		(Name of Person)	•			
	Metro Team Realty, LLC					
		(Firm/Company)				
1777 S. Andrews Avenue Suite 200A						
		(Address)		7.0	_	
Fort Lauderdale, FL 33316 US				8		
		(City/State and Zip Code)		AHA Ter	Š	7
For further information c	oncerning this matter, please ca	ılı:		ARY OF SSEE, F	NOV -3 /	LILED
Robert L. Kagel		at (954 ₎ 522-0911		101- 71S	Ó. ₩	
	of Person)	(Area Code & Daytime T	elephone Number)	H. H.	ယ ယ	
Enclosed is a check for the	ne following amount:					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & □\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS:		STREET/COURIER	ADDRESS:			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Team Realty, LLC				
(Name of the Limite	I Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on June 24, 2005 and Florida document number L05000063072				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company here	2:		
The new name must be distinguishable and end w "L.L.C."	th the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if appli	cable:	As o		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		TARY OF S		
(Mailing address MAY BE A POST OFFICE	(BOX)	CRA D		
		್ರ ಹ		
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter the name of the new</u>		
Name of New Registered Agent:	Robert L. Kagel			
New Registered Office Address:				
	(En	nter 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> **Name** MGRM KGS SEF, LLC Add Add 1777 S. Andrews Avenue Suite 200A Remove Fort Lauderdale, FL 33316 US MGRM KGR POM, LLC 1777 S. Andrews Avenue Suite 200A Add Fort Lauderdale, FL 33316 US Remove MGRM Robert L. Kagel 1777 S. Andrews Avenue Suite 200A Fort Lauderdale, FL 33316 US Remove Add 🗖 Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated October 31, Robert L. Kagel, MGR MEMBER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00