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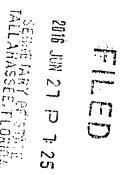
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THE BRUCE

COVER LETTER

Division of Corpor	ations			
CREA' SUBJECT:	TIVE REALTY GRO	OUP OF MIAMI, LLC		
	Name of Limi	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Marilyn G. Ol	msted, Legal Assista	nt	
		Name of Person		
	Samuel D. Nav	on, P.A.		
•		Firm/Company		
	7805 S.W. 6th	Court		
		Address	- M	
	City/State and Zip Code molmsted@navonlaw.com			
_	E-mail address: (t	to be used for future annual report notifica	ition)	
For further information conce	erning this matter, please ca	all:	A.C. 70	
Marilyn G. Ol	msted	at (954) 380-8848	elephone Number	
Name of Per	rson	Area Code Daytime To	elephone Number	
			ם וב	
Enclosed is a check for the fo	ollowing amount:		1 2 P	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

'Registration Section

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

CREATIVE REALTY GROUP OF MIAMI, LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now ap Liability Compar	oears on our re	cords.		
The Articles of Organization for this Limited Liability Company Clorida document numberL0700001236	were filed on	January	4,	2007	_ and assigned
This amendment is submitted to amend the following:				•	
A. If amending name, enter the new name of the limited liab	oility company	here:			
CREATIVE REALTY GROUP, LLC					
he new name must be distinguishable and contain the words "Limited Liab	ility Company," t	he designation "	LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>				
Principal office address MUST BE A STREET ADDRESS)					 -
Enter new mailing address, if applicable:				AHASB	
Mailing address MAY BE A POST OFFICE BOX)				rr.	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address	on our rec	ords,	enter th	اب ان
Name of New Registered Agent:				 _	
New Registered Office Address:					
	Enter	Florida street a	idress	• •	
			, Flor	ida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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		WARRY ST.	
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	on the Department of t	31003143.			
record specifies a	delayed effective of	date, but not an ef	fective time, at 1	2101 a.m. or	the earlier of
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