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10 SEP 17 PM 3: 04
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COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJE	CCT:	Alliance R	eal Estate, LLC		•
			d Liability Company		
The end	closed Articles of Amendm	ent and fee(s) are subn	nitted for filing.		
Please	return all correspondence co	oncerning this matter t	o the following:		
			Frederic Samson		
			Name of Person		
			Firm/Company	<u> </u>	
			294 14th Lane NE		
			Address		
		St F	Petersburg, FL 33703	<u> </u>	
		f a	City/State and Zip Code	_	
		E-mail address: (to	son@mindspring.con be used for future annual report	rt notification)	
For fur	ther information concerning	this matter, please ca	II:		
Frederic Samson Name of Person			at (727) Area Code & I	432-0 Daytime Telepho	
Enclose	ed is a check for the follow	ng amount:			
□\$25		00 Filing Fee & ertificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en-		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

MAILING ADDRESS: 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

FILED"

10 SEP 17 PM 3: 04

Alliand	ce Real Estate, LLC	TALLA	HASSEE, FLORIDA		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.	A COLUMN		
The Articles of Organization for this Limited Liability	Company were filed on	04/23/2007	and assigned		
Florida document numberL0700042754	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :			
NAMA	ASTE REALTY, LLC				
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	DRESS)		<u></u>		
	<u></u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter t</u>	he name of the new		
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 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 = Ma $MGRM = N$	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add ☐ Remove
	,		
			□ Damaya
			Add Remove
			Add Remove
			AddRemove
			
D. If amen	ding any other informatio	on, enter change(s) here: (Attach additional she	eets, if necessary.)
_ _ _			FILED -10 SEP 17 PM
Dated	09/15		PM 3: OL OF STATE E, FLORIDA
	Signa	ture of a member or authorized representative of a m	nember
	-	Typed or printed name of signee	

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Filing Fee: \$25.00