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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| SUBJECT: CN REALTY GROUP, LLC. | | | | | | | | | |
| (Name of Limited Liability Company) | | | | | | | | | |
| | | | | | | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | | | |
| | | | | | | | | | |
| NICOLAS TREJOS (Name of Person) | | | | | | | | | |
| | | | | | | | | | |
| CN REALTY GROUP, LLC. (Firm/Company) | | | | | | | | | |
| | | | | | | | | | |
| 737 W. OAK RIDGE RD (Address) | | | | | | | | | |
| | | | | | | | | | |
| ORLANDO, FL 32809 | | | | | | | | | |
| (City/State and Zip Code) | | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | | |
| OSCAR ACUNA at (407) 381-2552 EXT 224 | | | | | | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | | | | | | |
| | | | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | | |
| \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | | | | | | | | | |
| | | | | | | | | | |
| 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 | | | | | | | | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Present Name)
(A Florida Limited Liability Company)

| FIRST: | The Articles document n | umber <u>LO</u> | 700009 | 91841 | 011 | • | | | _and assig | inea | | | : 1 |
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| SECOND: | This amenda | nent is sub | mitted to | amend t | he follov | ving: | | | | | | | |
| | The last r | name of | Manag | er#1 w | as filed | l inco | rrectly | /. Wrong | g name: | Oscar A | lcina | | |
| | Correct | Name: | Osca | r A. A | cuna. | | | - | | · = | | | |
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