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PICK-UP WAIT	MAIL			
(Business Entity N	ame)			
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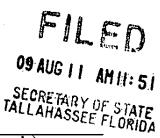
COVER LETTER

TO: Registration S Division of Co		•			
SUBJECT:	AlphaOmega Re	ealty Management, LLC			
SUBJECT:		ited Liability Company			
	f Amendment and fee(s) are sul	<u>-</u>			
Please return all corresp	ondence concerning this matter	to the following:			
		Nicolas Biscardi			
		Name of Person			
AlphaOmega Realty Management, LLC					
Firm/Company					
1268 Blanding Blvd Suite C					
Address					
Orange Park, Fl. 32065					
City/State and Zip Code					
dbiscardi@aomanagementservices.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	eall:			
Nic	colas Biscardi		44-7888		
Name	of Person	Area Code & Daytime	Felephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	INC ADDRESS.	STDFFT/COUDIE	D ANNDESS.		

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



AlphaOmega Realty Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	mpany were filed on	October 10, 2008	and assigned	
Florida document numberL08000096633	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company h	ere:		
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Com	pany," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable:			 	
(Mailing address MAY BE A POST OFFICE BOX)	- • · · · · · · · · · · · · · · · · · · 			
	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter the	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 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 <u>Address</u> **Type of Action** <u>Title</u> **Name** Michael John Carulli MGR 2338 Meadow Oak Circle ☐ Add ✓ Remove Kissimmee Fl. 34746 Charles Seymour Smith MGR 3307 NW 29 Avenue ✓ Add Boca Raton FL 33434 Remove ☐ Add Remove Add Remove ∏Add □ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00