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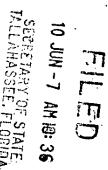
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D. BRUCE

JUN 8 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	, ,	
SUBJECT: Restige Restly Name of Lim	* Managenest Group, Lo ited Liability Company	Le_
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Nivek,	A MUNO2 Name of Person	-
	Firm/Company	_
(100 -	1	
6.400 =	Address	-
MI AMI,	PT 3317-3	10 JU
Ningrap	City/State and Zip Code	
E-mail address:	(to be used for future annual report notification)	7 AM
For further information concerning this matter, please	call:	AM IO: 36 OF STATE
NIVEKA MUNTOZ	at 305 525-6807	AND SO
Name of Person	Area Code & Daytime Telephone Numb	er
•		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	iting Fee, cate of Status & ed Copy onal 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	

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Prestige Realty + Manage	rest 6000, LLC	
(Name of the Limited Liability Comban (A Florida Limited Li	v as it now appears on our records,) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on /0/15/5009 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Concept Realty + Management The new name must be distinguishable and end with the words "Limite" L.L.C.")	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(400 SW 109 AVE 7 F MIAMI, Pl 33173 = IT	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		
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:

<u>Title</u> <u>Name</u> <u>Address</u> <u>T</u>	vpe of Action
·	
] Add] Remove
	Add Remove
] Add] Remove
] Add] Remove
]Add]Remove
]Add]Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated 5/70/20/0 Signature of a member or authorized representative of a member NINTA MINTOZ Typed or printed name of signee	● 5

Page 2 of 2

Filing Fee: \$25.00