Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL REAL INVEST LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL REAL INVESTILLO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company virturida document number | were filed on05/04/2010 and assigned |
| This amendment is submitted to amend the following: | |
| A. If smending name, enter the new name of the limited light | lity company here: |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BUX) | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | Enter Florida street address |
| | Tracadata |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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Zip Code

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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:

| MGRM = 1 | Managing Member | | |
|--------------|------------------------------------|--|------------------------------------|
| Title | Name | Address | Type of Action |
| MGR | LUIS A SANCHEZ | 7508 NW 54 ST MIAMI, FL 33166 | Add Romove |
| MGR | NOYLA E AVILA | 7508 NW 54 ST MIAMI, FL 33166 | Add Romove |
| · | | | Add Remove |
| <u>,</u> | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. Hames | iding any other information, enter | change(s) here: (Attach additional sheets, if necessary.) | 10 AUG SECRET |
| - | | | SSS IS |
| <u>.</u> | | | AN 8: 43 OF STATE E. FLORIDA |
| Dated | AUGUST 13TH | 2010 67 (A) (A nember or authorized representative of a member | J |
| | - | MGR | |
| | | Typed or printed name of signes | |
| | | Page 2 of 2 | |

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A ... S

MGR = Manager