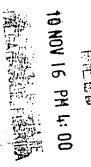
(Re	questor's Name)		
(Address)			
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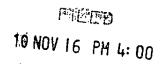
то:	Registration Sec Division of Corp			
SUBJECT: Atlas G			oup Realty LLC	
			ited Liability Company	······································
The en	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please	return all correspon	dence concerning this matter	r to the following:	
			Jason Goodrich	
			Name of Person	
		A	tlas Group Realty LLC	
			Firm/Company	
		35	5121 Sarah Lynn Drive	
			Address	
			Dade City, FL 33525	
			City/State and Zip Code	
		E-mail address: (Jason@atlasgrp.net to be used for future annual repor	t notification)
For fur	ther information cor	ncerning this matter, please of	call:	
	Jaso Name of I	n Goodrich	at (813)	258-6700 Daytime Telephone Number
	nume of t	V.5011	Aica Code & L	ayune receptone number
Enclos	ed 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 end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)
	Registrat	IG ADDRESS: ion Section of Corporations 6327	STREET/CO Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Group Investment LLC



(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Companies Florida document number L10000090871	y were filed on	8/30/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	re:	
Atlas Group	Realty LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	4102 N. Ola	Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 3	33603	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	7: 6 1
	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>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add Remove	
			Add Remove	
			Add ☐ Remove	
			Add Remove	
			Add Remove	
D. If an	nending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)		
	Change the FIEN number on record	d.	_	
	The current number is 06-1797851		_	
	The new number is 80-0660744		_	
			-	
Dated	Nov. 12 ,,	2010		
	Signature of Anemb	son Acoductor of a member		
	Туре	Jason Goodrich ed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00