L110000 21869

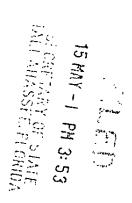
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COVER LETTER

TO: Registration Sect Division of Corpo			•
AIC Realty SUBJECT:	y Enterprise, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
÷			
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
•	Paul G. Schlichte, Es	sq.	
		Name of Person	
	Ray A. Schlichte Jr.	P.A.	
	· · ·	Firm/Company	
	2134 Hollywood Blvd	d.	·
		Address .	
	Hollywood, Fla. 3302	20	
	pschlichte@schlichte E-mail address: (t	City/State and Zip Code	cation)
For further information cor	ncerning this matter, please ca	all:	
Paul G. Schlichte, E.		954 923-4604	
Name of I	Person	Area Code Daytime	Telephone 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)

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

AIC Realty Enterprise, 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 Company were filed on 02/18/2011 and assigned Florida document number L11000021869 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Boris Vaysman	15962 NW 14 Place	Add
		Pembroke Pines, Fl. 33025	Remove
MGRM	Natalia Sheps	500 Three Islands Blvd. #418	■ Add
		Hallandale Bch., Fl. 33009	□ Remove
	. <u> </u>		□ Add
<u> </u>			
			□ Remove
			□ Remove
	·		
			□ Remove

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Iffective The effection the date the	date, if other than the date of filing:
the date th	is document is filed by the Florida Department of State)
the date th	is document is filed by the Florida Department of State)
Effective The effecti the date the	date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State) Y/z > Allower Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

