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SECRETAGE OF STATE
AND ANIASSEE, FLORIDA

EXAMINER
APR 1.4 2011

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Division of (n Section Corporations				
SUBJI	ECT:					
50201						
The en	closed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corre	espondence concerning this matter	r to the following:			
			Tim Allen			
Law			Name of Person			
			Offices of Tim Allen, P.A.			
			Firm/Company			
		325 (Clematis Street, PMB 115			
			Address			
•		West I	Palm Beach, Florida 33401			
			City/State and Zip Code			
ti			m.allen.jr@gmail.com			
^			to be used for future annual report notifica	ation)		
For tur	ther informatio	on concerning this matter, please of	call:			
		Tim Allen	u:\	88-2451		
	Nan	ne of Person	Area Code & Daytime	Telephone Number		
Enclos	ed is a check fo	or 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)		
	Reg	ILING ADDRESS: distration Section dision of Corporations	STREET/COURIE Registration Section Division of Corporat			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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SEUNE ANT OF STATE TALLAHASSEE, MLORIDA

Atlantic	Realty International, L	LC TATTAHAS	死E, 用LORIDA
(Name of the Limited Lia (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	3/2/2011	and assigned
Florida document number L1100002592	<u>5</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>re</u> :	
Blackstor	ne International Realty, LL	.C	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
E.A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
(Matting address MAT BE A FOST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or r	0	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street add	tress
_		, 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 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 Type of Action Title Name Address Add Remove ☐ Add Remove Add 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

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00