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| (Req | uestor's Name) | |
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| (Add | ress) | <u>. </u> |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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JAN - 7 2013 T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Atlas Realtor Services, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Peter Ruiz Name of Person |
| Name of Person |
| Atlas Realtor Services LLC |
| 440 Saugrass Corporate pkuy Suite 112 |
| Sunrise, FL 33325 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Peter RV12 at (954) 3187940 Name of Person Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status 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

ARTICLES OF ORGANIZATION

| | 13 JAN -4 AM II: 29 |
|---|---|
| Atlas R | Cealtor Services, LLC |
| (Name of the Limited Li | ability Company as it now appears on our records.) orida Limited Liability Company) |
| (A Fi | orida Limited Liability Company) |
| The Articles of Organization for this Limited Liab | ility Company were filed on 309/19/2011 and assigned |
| Florida document number L 11 0000 8 | ['] ' |
| | |
| This amendment is submitted to amend the follow | ing: |
| A. If amending name, enter the new name of th | ne limited liability company here: |
| • | International LLC |
| The new name must be distinguishable and end with t | he words "Limited Liability Company," the designation "LLC" or the abbreviation |
| "L.L.C." | |
| Enter new principal offices address, if applicab | le: |
| (Principal office address MUST BE A STREET). | ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BC | <u> </u> |
| | · |
| | |
| | registered office address on our records, enter the name of the new |
| registered agent and/or the new registered offic | e address nere: |
| Name of New Projection & Assets | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Enter Florida Street address |
| | , Florida |
| | |
| New Registered Agent's Signature, if changing Reg | vistered 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 am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------|---|
| | |
| | |
| | |
| • | |
| | |
| | |
| d | Jan, 02, 2013 |
| | |
| | Signature of a member or authorized representative of a member |
| | Peter Ruiz |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

13 JAN -4 AHII: 29