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12 MAR 26 AM II: SU SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpo	orations			
SUBJECT:	WORLD REAL	TY GROUP, LLC		
	Name of Limited	d Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.		
Please return all correspond	dence concerning this matter to	the following:		
	ADAM R.	SCHIFFMAN, ESQUIRE	<u> </u>	
		Name of Person		
	THE SCHIFFMAN LAW GROUP, P.A.			
		Firm/Company		
	2875 N.E. 191 Street, Suite 404			
•		Address		
	AVENTURA, FLORIDA 33180			
		City/State and Zip Code		
	E-mail address: (to b	M@REALATTY.NET be used for future annual report notif	ication)	
For further information con	cerning this matter, please call:	:	•	
ADAM R. SCH Name of Po	IFFMAN, ESQUIRE	at (_305)Area Code & Daytime	682-1328 e Telephone Number	
Enclosed is a check for the f	following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, VCertificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

FILED"

WORLD REALTY GROUP, LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) SEE, FLORIDA.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company were filed on	February 9, 2012	_ and assigned
Florida document number L1200001967	6		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable	·		
(Principal office address MUST BE A STREET A	DDRESS)	.	
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	***		
	Enter Florida street address		
-	, Florida		
	City	2	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 MGR Consuelo Vilar 19495 Biscavne Blvd., Suite 403 ✓ Add Aventura, Florida 33180 ☐ Remove ☐ Add Remove ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 9 Dated _ Signature of a member or authorized representative of a member Richard Toledano

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee