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JUL 16 2012

EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	T: Atlantic One Reality Group, LLC	
	Name of Limited Liability Company	
The end	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
•	Jason Dollard	-
	Name of Person	
	Law Offices of Jason P. Dollard	
	Firm/Company	-
	127 NE 2nd Avenue	_
	Address	
	Delray Beach, Florida 33444	_
	City/State and Zip Code	
	jdollard@jpdesq.com  E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	SEGRE SALLAH
•	Jason Dollard at ( 561 ) 819-5406	param'
	Name of Person Area Code & Daytime Telephone Number	SEC. FLOR
Enclose	is a check for the following amount:	CANTE S
\$25.	(additional copy is enclosed) Certifie	ling Fee, atte of Status &

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

Atlant	ic One Reality Group, L	LC		
(Name of the Limited   (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia	bility Company were filed on	04/19/2012	and assigned	
Florida document numberL12000053	122			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
	ntic One Realty Group, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:		or .	
(Principal office address MUST BE A STREET	ADDRESS)			
	<del></del>			
Enter new mailing address, if applicable:		W	ALEX TOTAL CONTRACTOR OF THE PARTY OF THE PA	
(Mailing address MAY BE A POST OFFICE B	BOX)		<u> </u>	
B. If amending the registered agent and/o		•		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on ice address here:	our records, enter 1	m-< • ,	
	<del></del>			
Name of New Registered Agent:			SS T.	
New Registered Office Address:			9m 2	
New Registered Office Address:  Enter Florida street address				
		, 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 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

<u> Fitle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
<u>.</u>			Add Remove
			Add Remove
			A Add Add Add Add Add Add Add Add Add A
			SSM Add
D. If amen —	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	
_			<u>-</u>
			_ <del></del>
Dated	7	<del></del>	
	JASON	r or authorized representative of a member  DLUKD  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00