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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT

AGM REAL ESTATE GROUP 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:

CLARA A. GNOATTO

Name of Person

AGM REAL ESTATE GROUP LLC

Firm/Company

10647 AVENIDA SANTA ANA

Address

BOCA RATON, FL 33498

City/State and Zip Code

Clara.Antonia@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clara Gnoatta

...305, 305-8577

Name of 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

AGM REAL ESTATE GROUP 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 04/25/2012 and assigned Florida document number <u>L</u>12000055994 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 Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANTHONY G. MEDINA	10647 AVENIDA SANTA AN	A ■ Add
		BOCA RATON, FL 33498	Remove
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ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ed AUGUST 8 , 2014 Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member	amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ed AUGUST 8 Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member	<u> </u>	
AUGUST 8 AUGUST 8 Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member		
AUGUST 8 Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member		
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AUGUST 8 Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member		
Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member	ffective date must be specific, cannot b late this document is filed by the Florid	e prior to date of receipt or filed date and cannot be more than 90 days after
Signature of a member of authorized representative of a member CLARA A. GNOATTO, Managing Member	d AUGUST 8	2014
	6	Clary A Ponodo.
	Sig	nature of a member of authorized representative of a member
	CLARA A. GNO	JATIO, Managing Member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00