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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to 1919/18 Spoke 40 COLLECT CANCELLER	Filing Officer: PM Adric PM Adric	an Pagy He and

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AUG 1 9 2016

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	Adrian Nag	y, LLC				
SUBJECT:	·	Name of Limi	ted Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	n all correspor	ndence concerning this matter t	to the following:			
		Adrian Nagy				
			Name of Person			
		Adrian Nagy, LLC				
	Firm/Company					
		808 N. Franklin Street #29	11,			
			Address			
		Tampa, FL 33602				
			City/State and Zip Code			
		adrian.luxtampa@gmail.com				
For further i	nformation co	e-mail address: (to	o be used for future annual report notif	ication)		
Adrian Nag			813 362-6288 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	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:

·TO:

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**

(Name of the Limited Liah (A Flor	bility Company	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company w 	vere filed on $\frac{1}{2}$	and assigned	
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the li	<u>imited liabili</u>	ity company h	<u>ere</u> :	
Cornerstone Realty Investments, LLC				
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company," the	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5550 W. Executive Drive, Suite 240, Tampa, FL 33609		
(Principal office address MUST BE A STREET AD.	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	5550 W. Execu	utive Drive, Suite 240, Tampa, FL 33609	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	_		n our records, enter the name of the nev	
New Registered Office Address: 555	50 W. Executi	ve Drive Suite 2	240	
new Registered Office Address:	Enter Florida street address			
Tai	mpa		Florida FL 33109	
		City	Florida FL 33409 Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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 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.

If Changing Registered Agent, Signature of New Registered Age

j.: 3³/- +

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Filing Fee: \$25.00