## 42000125713

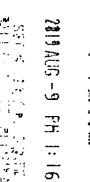
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	y Group, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jorge Luis Gallardo		
	ATC Realty Group, LLC.	Name of Person	
	5421 NW 176th Street	Firm/Company	
	Miami Gardens, Fl. 33055	Address	
	GallardoRealty22@gmail.c	City/State and Zip Code om to be used for future annual report notifi	cation
For further information c	concerning this matter, please of		Catholi)
Jorge Luis Gallardo		786 229-7746	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 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)
Registi Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATC Realty Group, LLC.		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L12000125713	oility Company were filed on 08/03/2019	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Gallardo Realty, LLC.		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ON)	
		'd' 2
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter ce address here:	the names of the ne
Name of New Registered Agent:		
New Registered Office Address:		(4.7) <b>(5)</b>
<del>-</del>	Enter Florida street address	<u></u>
	. Florida	
		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 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 Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
		. <u>.</u>	□ Remove
			Change
			□ Remove
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			Remove

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and c block does not me	cannot be prior to eet the applicab	date of filing or more	e than 90 days afte	ional) r filing.) Pursuant to is date will not be	605.0207 ( listed as t
ne record specifies a delaye The 90th day after the re		ite, but not a	an effective tir	ne, at 12:01	a.m. on the ea	ırlier of:
Dated		2019				
	A CO	4				
	1/11/11					
			ed representative of Wis Grante of signee			-

Page 3 of 3

Filing Fee: \$25.00