L1200144320

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COVER LETTER

TO: Registration Section

Division of Corporations

CT. CNA Realty 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:

Kennedy Gallimore

Name of Person

CNA Realty Group, LLC

Firm/Company

P.O. Box 134

Address

Deleon Springs, FL 32130

City/State and Zip Code

cna.homebuyer@gmail.com

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

For further information concerning this matter, please call:

Kennedy Gallimore

__800 **746-1029**

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

CNA Realty Group, LL0						
(Name of the Limited	Liability Compa A Florida Limited I	ny as it now a liability Comp	ppears on our records. any))		
The Articles of Organization for this Limited L. Florida document number L1200014432	iability Company	were filed on	11/15/2012	8	and assi	gned
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility compan	y here:			
Old Harbour Trust, LLC						
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability C	Company," the designation	n "LLC"	or the ab	breviation
Enter new principal offices address, if appli	cable:	Same				
(Principal office address MUST BE A STREI	ET ADDRESS)					
						
Enter new mailing address, if applicable:	Same					
(Mailing address MAY BE A POST OFFICE	BOX)					
B. If amending the registered agent and registered agent and/or the new registered o			on our records, ent	er the n	ame of	the new
Name of New Registered Agent:	Same			17 1 17 1 17 1 17 1	NOT	
New Registered Office Address:	Same		F Fl		- ω - π	Print
			Enter Florida street, Florida	85	4:	A marinary
		City	,	Zi	p 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	No Change	N/A	- Add
		N/A	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
		<u> </u>	Add Remove 2
			23 PH 4: Add
			<i>6</i> € . 6
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
THE AMENDMENT TO THE ENTITY NAME, IN SECTION "A"
IS THE ONLY REQUESTED CHANGE AT THIS TIME.
SJUNE 20
ated (46) AAAY 2 , 2014
KA Callis
Signature of a member or authorized representative of a member
WENNEDY GAULMORE Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00