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(Requestor's Name)							
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(Business Entity Name)							
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COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT:		ATE GROUP LUC			
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
	Christ	opher J Curcio			
-	Dogar !	REAL ESTATE GROW Firm/Company	PLLC		
-	10181 NW 58	STREET SUITE	4		
-	MARAL F	L. 3317% City/State and Zip Code		201 55	
	(C. Q	doral re. com o be used for future annual report			en ma
For further information conce			nouncation)	H27	San Herri
Christopher I Name of Per	Curcio son	at (784) 55 Area Code Da	53 - 역식니니 ytime Telephone Number	2014 JAN 27 AM 10: 40 SECRETARY OF STATE ALL ARASSET FERENCE.	Cristi
Enclosed is a check for the fo	llowing amount:				
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

(Name of the Limited Liability C	TTE - GROUP LLC on our records.)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{12/63/2013}{2013}$ and assigned
Florida document number <u>L13000168173</u> .	, ,
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:	10181 NW 58 th STREET
(Principal office address MUST BE A STREET ADDRES.	su Suite 14
	DORAL FL. 33178
Enter new mailing address, if applicable:	10181 NW 58 T STREETS =
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 14 5 TI
	DORAL FL 33178 02 2
R If amending the registered agent and/or registere	d office address on our records, enter the namezof the nev
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	10181 NW 58 TO STREET SUTE 14 Enter Florida street address
	ORAL
	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 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 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

AMBR = Authorized Member Title Name Address **Type of Action** MGR CAPLOS DE CARO 8340 NW 10 STREET # 61 XAdd MIAMI FL 33126 PREMOVE □ Add ____ □ Remove _ 🗆 Add □ Remove □ Add __

Remove _□ Add ☐ Remove

D.	If am	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
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1	(The eff	tive date, if other that fective date must be specifite this document is filed by	c, cannot be p	rior to date of rece	ipt or filed dat	e and cannot be more than 90	optional) days after	
	Dated	I_IANUAN	1 23	<u>, 2c</u>	14.			
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				Typed o	r printed nam	e of signee		

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Filing Fee: \$25.00

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