L150000 58757

(Re	equestor's Name)	••
(Ac	ddress)	
(Ac	ddress)	•
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

		tration Section of Corp			
CUD IEC		Atlantic Rea	alty and Building Company LL	.c	
SUBJEC	.1: _		Name of Limi	ited Liability Company	
			Amendment and fee(s) are submodence concerning this matter		
			Kevin Patrick Burke		
				Name of Person	
			Atlantic Realty and Buildi	ng Company	
				Firm/Company	
	6231 PGA BLVD, S-140-304				
				Address	
			PALM BEACH GARDEN	IS, FL 33418	
			KBURKE@ABC1976.COM	City/State and Zip Code	
				to be used for future annual report notifica	ation)
For furth	er inf	ormation co	oncerning this matter, please ca	all:	
KEVIN	BUR	KE		561 602.3295	
		Name of	Person	Area Code Daytime T	elephone Number
Enclosed	l is a c	heck for th	e following amount:		
\$25.	00 Fil	ing 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

TO ARTICLES OF ORGANIZATION OF

Atlantic Realty and Building Compamy		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L15000058357	were filed on 4/2/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Realtor Express USA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6231 PGA bLVD	
(Principal office address MUST BE A STREET ADDRESS)	S-140-304	
	Palm Beach Gardens, FL 334	18
Enter new mailing address, if applicable:	same	
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e:</u>	
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiat with and F.S. Or, if this document is hat the limited liability
Page	nging Registered Agent, <u>Signature</u>	e of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

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

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E. Effecti	ve date, if other than the date of filing: (of certive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, ent's effective date on the Department of State's records.	, this date will not be listed as the
docum	ent's effective date on the Department of State's records.	
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:0)1 a.m. on the earlier of
(b) The	90th day after the record is filed.	
	7/01/001/	
Dated	7/21/2016	
	1286K D	
	Signature of a member or authorized representative of a member	-
	V	
	Kevin Patrick Burke Typed or printed name of signee	
	1 ypea or printed name or signee	RY M
	Page 3 of 3	ORA.
	Filing Fee: \$25.00	20 - 8