## L15000/3/881

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

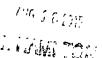
Office Use Only



800276076648

08/17/15--01026--014 \*\*25.(0)

15 AUG 17 PH 4: 43
SECRETARY OF STATE



## COVER LETTER

Division of Corporations
SUBJECT: Associated Roalty Development 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:
Alan Block Name of Person
Westheld Firm/Company
393 011) Com ky Rd - Suite 300
Carle Pleise NJ 11514  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (646) 421-251/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ \$\tex
MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ability Company as it now appears on our records Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	<u> </u>	and assigned
Florida document number <u>L/50 w/3/</u>	881	• • • • • • • • • • • • • • • • • • • •
This amendment is submitted to amend the following	Ç	
A. If amending name, enter the new name of the	limited liability company here:	
An AMI Realty M	gmt. LLZ	
The new name must be distinguishable and contain the words "	Elmited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAPE 5
(Principal office address MUST BE A STREET AL	odress)	
		THE P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		<u> </u>
		'P
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our reco	
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our reco	
B. If amending the registered agent and/or re	egistered office address on our reco	
B. If amending the registered agent and/or registered agent and/or the new registered office:	address here:	ords, enter the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered office:  Name of New Registered Agent:	egistered office address on our reco	ords, enter the name of the new

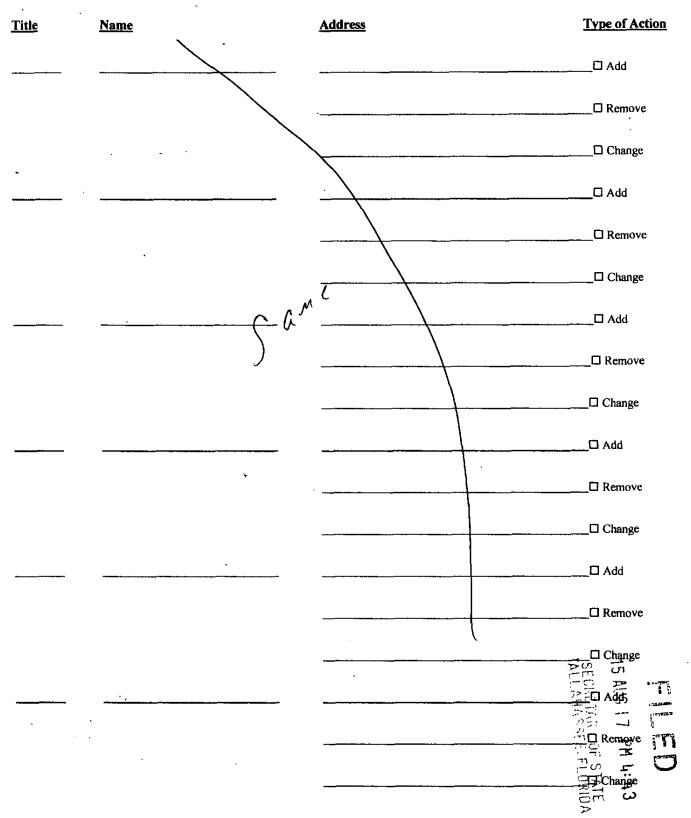
New Registered Agent's Signature, if changing Registered Agent:

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member



D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
	•	
	·	
	<del></del>	
(If an e <u>Note</u> docu	ctive date, if other than the date of filing:	d as the
the re(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	r of:
Date	d 8-12-15	
	Signature of a member or authorized representative of a member	ATTEN TO THE PERSON NAMED IN COLUMN
	Signature of a member or authorized representative of a member	. Mariana Mariana
•	H(40 15/02 b)	m
		5
	Page 3 of 3  Page 3 of 3	
	>>	

Filing Fee: \$25.00