L50017/416

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NOV 0 3 2015 S. YOUNG I NOV -2 PN 4:57 CRETARY OF STATE LLAMASSEE, FLORIDA

TO: Registration Section Division of Corporations
SUBJECT: Attorney 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:
Andrew Ponnock, Esq.
Ponnock Law, PLC Firm/Company
10100 W Sample Rd #319
Coral Springs, FL 33065=
Andy a tiffe Coffac Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Andrew Ponnock at (954) 340-4051 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Cartificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Attorneys R	Lealty Group	, LL C
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our a Limited Liability Company)	fecords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L15660171416</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED SECRET SYPESTA
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	
	Enter r toriad street	
	City	, 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 added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nerissa Spannos	10100 W Sample R& #319	Add
	·	10100 W Sample R& #319 Coral Springs, FC 330	Remove
			Change
	Andrew Ponnock	10100 W Sample Rd#319	Z □ Add
		10100 W Sample Rd#319 Coral Springs, FL 33068	Remove
•			□ Change
			<u>a</u> □ z Add
			Remove 2
			Change
			Add
			Remove
			Change
			□ Add
			_□ Remove
			Change
		·	□ Add
			_□ Remove
			5 6

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	—————————————————————————————————————
(If an efi <u>Note:</u>	fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/30 . 2015/
	Signature of a member or stationarized representative of a member
	Andrew Ponnock Typed or printed name of signee

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Filing Fee: \$25.00