## L15000171561

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## COVER LETTER

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		TY REFERRAL COMPANY.	LLC	
SUBJ	ECT:			
		Name of Lin	nited I cability Company	
The or	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following.	
		ERIN KNORR		
		ALTRU REALTY, LLC	Name of Person	
		5619 CANYON VIEW DI	LineCompany R	
		CASTLE ROCK, CO 8010	Address D4	
		ERIN@ALTRUREALTY.C	City State and Zip Code	<u> </u>
		F-mail address; (	to be used for future annual report noti-	lication
For fur	ther information c	oncerning this matter, please ea	all:	
ERIN	KNORR		727 641-7035	
	Name o	f Person	al () Aica Code — Daytima	e Felephone Number
Enclose	ed is a check for th	ne following amount:		
≣ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy radditional copy is enclosed.	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIQ REALTY REFERRAL COMPANY, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/08/2015 and assigned Florida document number L15000171561 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALTRU REALTY REFERRAL COMPANY, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Horida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this focument's effective date on the	he date of filing:
record specifies a delayed effect Lis filed.	ive date, but not an effective time, at 42:01 a.m. on the earlier of: (b). The 90th day after the
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ated	
Eun/	Signature of a member or authorized representative of a member
FPIN KNOOD	organization and organized representative of a member
ERIN KNORR	
	Lyped or printed name of signee

Filing Fee: \$25.00