LIL 0000 41770

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COVER LETTER

TO:	Registration Sect Division of Corpo		er grade grade 🛊 i i Arri					
SUBJE		REALTY GROUP LLC						
SUBJE	CI:	Name of Limi	ted Liability Company					
The enc	losed Articles of A	mendment and fee(s) are subr	nitted for filing.					
Please r	eturn all correspond	dence concerning this matter t	to the following:					
			JUAN C APARICIO					
			Name of Person					
		AP	ARICIO ASSOCIATES LLC					
			Firm/Company					
	12001 SW 128 CT SUITE 208							
			Address					
			MIAMI, FL 33186					
			City/State and Zip Code					
		E-mail address: (t	o be used for future annual report notif	ication)				
For furt	her information cor	ncerning this matter, please ca	ill:					
JUA	N C APARICIO		305 271-0727 at ()					
	Name of I	Person	Area Code Daytime	e Telephone Number				
	•							
Enclose	d is a check for the	following amount:						
\$25	.00 Filing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUR	NKEY REALTY GROUP, L.L.C.	
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Lia Florida document numberL16000049370	ability Company were filed on	03/09/2016 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company h	ere:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE L	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered of		n our records, enter the name of the ne
Name of New Registered Agent:	JENNIFER M. REYES	32.50
New Registered Office Address:	9135 SW 138 PL	orida street address
	MIAMI	, Florida 33186
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENNIFER M. REYES	9135 SW 138 PL-MIAMI FL 33186	_■ Add
			□ Remove
			Change
			Add
	•		Remove
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n effective da ote: If the da	e, if other than the often is listed, the date must ate inserted in this blofective date on the De	be specific and ck does not m	cannot be prior t neet the applica	/20/2016 o date of filing or ble statutory fili	more than 90 days	optional) after filing.) Pursuant to 605. this date will not be liste	.020 :d a:
record sp The 90th o	pecifies a delayed day after the reco	effective d ord is filed.	ate, but not	an effective	time, at 12:	01 a.m. on the earlie	ero
ted	MAY 19TH	,	2016	<u>.</u> .		MASS AMASS	
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Filing Fee: \$25.00