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(Do	cument Number))
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D. SCOTT 0CT 2 8 2016

COVER LETTER

TO: Registration Section
Division of Corporations

CENTRAL FLORIDA GROUP REALTY LLC

SUBJECT:

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:

	Jorge Rodrig	guez		
		Name of Person	•	
		•	•	
		Firm/Company		
	628 E. Alpin	e St		
		Address		
	Altamonte S	prings FL 32701		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	ication)	SECRE F
For further information of	concerning this matter, please ca	all:		127
Jorge Rodr	riguez	_{at} (407) 491-84	425	SECTION TO THE SECTIO
Name o	of Person	Area Code Daytime	Telephone Number	STATE LORIDA
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee .	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Contact (additional contact)	of Status &

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

(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 10/12/2016	and assigned
Florida document number L16000189300	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
CENTRAL FLORIDA GROUP REALTY LL	.c	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		SEC OF
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, <u>ente</u>	the name of the new
registered agent and/or the new registered office at	udress nere.	弱了一
New CAL B. Co. La		第7四
Name of New Registered Agent:		TIS TO
New Registered Office Address:		<u> </u>
	Enter Florida street address	55 7
	, 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

MGR = M AMBR = A	Ianager Authorized Member		•
<u>Citle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
 			□ Add
	,		□ Remove
			□ Add
			□ Remove
			□ Remove
			FILED SEGRETARY OF TALLAHASSEE.
			7 PROMOVE 27 SEE, FLORIDA
			Remove

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· .	,
	-	
	-	
E.	(The effe	tive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	Dated	October 21 2016
		Signature of a member or aluthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

