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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

K. SALY APR 2.7 2010

COVER LETTER

TO: Registration So Division of Cor			
Dean Fulte	on I.I.C		
SUBJECT:	Name of Lim	ited I lability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dean Fulton		
		Name of Person	
	Dean Fulton LLC C/O Dea	ın Fulton	
		FirmcCompany	
	6445 NW 72 Way		
		Address	
	Parkland FL 33067		
		City/State and Zip Code	
	dean'a thefultonteam.com	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please of	all:	
Dean Fulton	-	954 913-5292	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed.	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Registration Section Division of Corporations Clifton Building 2004 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SECRETARY DESTRICTIONS

ALL STATE

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Dean Fulton LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

		(44)
The Articles of Organization for this Limited Liability Company	were filed on 1/1/2017	and assigned
Torida document number 1.17000004392		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Fulton Realty Group LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5401 N University Dr # 202	
Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33067	
	CAGNING TO WAY	
Enter new mailing address, if applicable:	6445 NW 72 Way	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Parkland, FL 33067	
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 added or removed from our records:

MGR = -N $AMBR = N$	lanager Authorized Member		18 PLED	
<u>Title</u>	<u>Name</u>	<u>Address</u>	FILED APR 26 PH 3: 0 AND SECURITY OF STATE	Type of Action
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<u></u>		
	4/30/2018	
Effective date, if other than	toptio must be specific and cannot be prior to date of filing or more than 90 days after	nal) filing.) Pursuant to 605,0207 (
<u>Note:</u> If the date inserted in thi	block does not meet the applicable statutory filing requirements, this	date will not be listed as t
document's effective date on th	Department of State's records.	
	of the state of th	m on the ondier of
ne record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 a record is filed.	.m. on the earlier of
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Dated 4/24	2018	
Dear (ful	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Dean C. Fulton		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00