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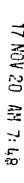
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COVER LETTER

TO:	Registration Se Division of Cor			
		AL ESTATE GROUP, LLC		
SUBJE	(,1:	Name of Lin	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		BEN MATITYAHU		
			Name of Person	
		KSDT & COMPANY		
			Firm/Company	
1625 N. COMMERCE PKWY STE 315				
			Address	
		WESTON, FL., 33326		
			City/State and Zip Code	
		BMATITYAHU@KSDT-C		Y
			to be used for fiture annual report notif	ication)
For hirt	her information co	oncerning this matter, please c	all;	
BEN M	IATITYAHU		305 3703370	
at () Name of Person Area Code Daytime Telephone Numb			Telephone Number	
Enclose	d is a check for th	e 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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:	ALVA REAL ESTATE GROUP, LLC		 :
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This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Florida street address Enter Florida street address Florida		were filed on08/17/2017	and an igned []
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
New Registered Office Address: Enter Florida street address , Florida City Zip Code			enter the name of the new
Enter Florida street address	Name of New Registered Agent:		
, Florida City Zip Code	New Registered Office Address:		
City Zip Code		Enter Florida street address	
·			
			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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MUGRABI, IDAN	1625 N COMMERCE PKWY	
		SUTTE 315	■ Remove
		WESTON, FL., 33326	□ Change
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			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00