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PICK-UP	☐ WAIT	MAIL				
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Certified Copies Certificates of Status						
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Special Instructions to I	Filing Officer:					

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S. WARREN NOV 1 4 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500						
ACCOUNT NO. : 12000000195						
REFERENCE : 894571 8155510						
AUTHORIZATION STREET Ble man						
COST LIMIT : \$ 25.00						
ORDER DATE : November 1, 2017						
ORDER TIME : 10:41 AM						
ORDER NO. : 894571-005						
CUSTOMER NO: 8155510						
DOMESTIC AMENDMENT FILING						
NAME: ALL AMERICAN REALTY & INVESTMENT GROUP PLLC						
EFFECTIVE DATE:						
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Roxanne Turner EXT# 62969						

EXAMINER'S INITIALS:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	<u>r</u> : The :	name of the limited liability company is: ALL AM	ERICAN REALTY &						
		INVESTMENT GROUP PLLC							
SECC	ND:	The Florida Document number of the limited liabi	lity company is: L1700022	2875					
<u>THIR</u>	<u>D</u> :	Document to be corrected is: Articles of O	ganization						
		(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE ST	'ATEMEN	<u>VT</u>				
٨		tains an incorrect statement. The incorrect statement, tement are as follows:	he reason the statement is incorrec	ct, and the	corre	cted			
	The	The name of person(s) authorized to manage LLC / Electronic signature of that person: Tony Derosa							
	Th	The name should be Anthony Derosa							
	The	name of person(s) authorized to manage LLC / Ele	ectronic signature of that person	Anthony	Dero	sa			
	OR								
	Was	defectively signed. The manner in which the docume illows:	nt was defectively signed and the	app <mark>rüpri</mark> ate	ar Nov	rection are			
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	<u>OR</u>			¥	42				
	The	electronic transmission of the record was defective.							
	A	Inthony De Rosa	11/08/2017 6	:47 PM C	ST				
		Signature of Authorized Representative	Date						
		new registered agent, if applicable :(NOTE: if correct designation).	ing the registered agent, the new r	egistered a	gent i	must sign			
New F	Register	red Agent's Signature, it changing Registered Agent:							
provis obliga reflect	ions of tions o	pt the appointment as registered agent and agree to a all statutes relative to the proper and complete perfor f my position as registered agent as provided for in Cl age in the registered office address, I hereby confirm to e.	mance of my duties, and I am famuapter 605 , F.S. Or, if this docume	iliar with a nt is being	ind ac filed	cept the to merely			
		Registered Ager	nt's Signature	_					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)						