## L1800000 5944

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Sc Division of Cor		4	:
SUBJI		C REAL ESTATE INVESTME	ENTS GROUP LLC	
.30041		Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
-			EYAL AVNI	
-			Name of Person	<u>,                                     </u>
		ATLAN	ric real estate investmen'	TS GROUP LLC
		<u></u>	Firm/Company	<del></del>
			17100 NE 19th. AVENUE # C1	
			Address	
		,	NORTH MIAMI, FL, 33162	
			City/State and Zip Code eyalavni2002@gmail.com	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	all:	
	EYAL	AVNI	305 915-1013	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for the	he following amount:		
<b>□</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fce & 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

			_ <u>&gt;</u>
ATLANTIC REAL ESTATE INVESTMENTS	GROUP LLC		<b>全</b>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea	rs on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number	,	01/08/2018	and assigned)
This amendment is submitted to amend the following:			72
A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ATLANTIC R	EAL ESTATE INVES	TMENT'S GROUP LLC
(Principal office address MUST BE A STREET ADDRESS)	RESS) 2423 SW 147th, Avenue # 626		
	N	Aiami, FL, 33185	
Enter new mailing address, if applicable:	ATLANTIC F	EAL ESTATE INVES	TMENTS GROUP LLC
(Mailing address MAY BE A POST OFFICE BOX)	-	2423 SW 147th, Avenu	c # 626
		Miami, FL, 33185	<del></del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address o <u>e</u> :	n our records, <u>ent</u> e	er the name of the new
Name of New Registered Agent:	EYAL AV	NI	
New Registered Office Address:		47th. Avenue # 626	
	Enter Flo	orida street address	
	Miami	, Florida _	33185
•	City		Zin 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
	<del></del>		
		<del></del>	☐ Remove
			☐ Change
-			Add
			☐ Remove
			☐ Change
			Remove
			□ Change
			☐ Remove
		<del></del>	Change
		<del> </del>	☐ Remove
			Change

bbA □\_

□ Remove

\_□ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	OCTOBER 22nd. 2019
	Signature of a member or authorized representative of a member
	EYAL AVNI  Typed or printed name of signee

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Filing Fee: \$25.00