LIEUCONZEET

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COVER LETTER

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TO: Registration Se Division of Cor	ction - porations			
SUBJECT:	Name of Limit	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	ONON	Name of Person	, <u>.</u>	
	<u>4325 N</u>	Firm/Company Address		~ C.
	CONTROL E-mail address: (1	City/State and Zip Code Code Code Code Code Code Code Code	ter con 3	
World	oncerning this matter, please ca	ai (934-64	7-2900 3	
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 (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

OUT PROUPLY
(Name of the Limited Biability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{514118}{}$ and assigned Florida document number $\frac{52-5434567}{}$.
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 Florida 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:

		Manage Authoria	zed Member					
	<u>Title</u>	<u>Na</u> / 11	. 1	e N	Address	NACOCIO)	Type of Action
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	S &
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	g or more than 90 days after filing a Pursuant 605.0207
ne record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of
Dated TMC14 2018	
Signature of a member or authorized represent	

Page 3 of 3

Filing Fee: \$25.00



June 12, 2018

A&T Realty LLC 4325 N Ocean Dr Lauderdale-By-The-Sea, FL 33308

Re:

Florida Real Estate Commission

Application Number: 930375, Profession 2502

Dear Sir or Madam:

We have received the documentation that you submitted on 05/30/2018, however, you have not provided the information required to complete your application. To complete your application please submit the following:

Your registration with the Department of State, Division of Corporations, is incomplete. Please update your registration at www.sunbiz.org. The qualifying broker, Andrew Doyle-Dittoe, must be designated accordingly as an Officer/Director or Authorized Person of the company (Rule 61j2-5.016, Florida Administrative code). You may contact them by phone at 850.245.6000. Please notify the Department of Business and Professional Regulation once the broker(s) name; is visible as such with the Department of State.

Our records indicate that Andrew Doyle Dittoe is a multiple broker licensee who currently holds a license(s) with an involuntarily inactive status. All licenses must be renewed prior to the issuance of a new multiple license. Please renew your license(s).

Note: The company license for Acadia Real Estate Properties Inc also needs to be renewed.

<u>Please do not reply to this email. To submit the requested documentation use one of the following options:</u>

Option one for online applicants:

If you submitted your application using our online services you can submit the requested information through your online account. Please log onto your account at http://www.myfloridalicense.com, once logged in take the following steps:

- 1. Select "Application Status Inquiry" from the Functions menu on the left hand side of the main account screen
- Locate the application you are submitting information for and select "Attach" on under Attachments
- 3. Use the "Browse" button to locate the file you need to upload from your computer
 - a. Once you have selected the file select Attach
 - i. You can attach multiple files if needed
 - b. Once all files have been attached select Save



An email will be sent to you confirming that the attachments have been uploaded to your application.

Option two for all applicants:

If you submitted your application by mail or you are unable to submit the required documentation electronically you may either fax a copy of this letter along with your documents to 850.488.8040 or mail a copy of this letter and your documents to:

DBPR-Central Intake 2601 Blair Stone Road Tallahassee, FL 32399-0783

The department has examined your application and determined that your application is incomplete at this time. If you do not provide the information or documents requested in this letter, your application will remain in an incomplete status until it expires. You must provide a response to this notification for the department to take any further action on your application. If you would like to check the status of your application or have any questions, please visit our website at www.myfloridalicense.com. You may also contact the Department at www.myfloridalicense.com/contactus or by calling 850.487.1395.

We look forward to working with you in the years ahead. AJ

The information contained in this message is confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner, and (iii) notify the sender immediately. If you choose to contact this office by email or provide information in an interactive form on our site, such information, unless otherwise exempted by Florida law, is a public record and must be made available for public inspection upon request. Thank you.

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