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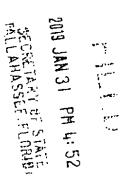
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FEB O 8 2018

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of C	Corporations	•	وع	
	entine Realty Group LLC			
SUBJECT:	Name of Lin	nited Liability Company	Ella Ma J PH 1. 52	, ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	PA L	
Please return all corre	spondence concerning this matter	to the following:		
	Alfred Valentine		•.	
		Name of Person	 	
	AR Valentine Realty Grou	p		
		Firm/Company		
	751 12th Ave S			
		Address		
	Naples, FL, 34102			
	abbievalentine@gmail.com	City/State and Zip Code	····	
	E-mail address: (to be used for future annual report notif	ication)	
For further information	n concerning this matter, please c	all:		
Alfred Valentine		239 450-1728 at ()		
Nam	e of Person		Telephone Number	
Enclosed is a check for	r the 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)	
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURING Registration Section Division of Corpora	1	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

AR Valentine Realty Group LLC

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

TOTAL PH 4: 52 The Articles of Organization for this Limited Liability Company were filed on 9/17/2018 Florida document number L18000219790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alfred Robbins Realty Group LLC 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			☐ Remove
			Change
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If amending any other information, enter change(s) here: (much damional sheets, y necessary,
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of:
Dated,	
$\alpha u = u$	1/29/2019 d representative of a member
Signature of a member or authorize	d representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00