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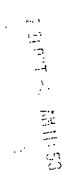
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COVER LETTER

TO:

Registration Section Division of Corporations

AT REALTY REFERRAL, LLC

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kristen King Jaiven		
	AT REALTY REF	Name of Person ERRAL, LLC	
	2607 EAST ATL	Firm/Company ANTIC BOULEVARD	
	POMPANO BEA	Address CH, FL 33062	
	kristen@quadcompanies.co		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)
Kristen King Jaiven	5	407 590-9686	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AT REALTY REFERRAL, LLC (Name of the Limited Liability 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 12/30/2019 and assigned Florida document number _____L20000011631 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 "LLLC" 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 City

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.

New Registered Agent's Signature, if changing 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>	<u>Address</u>	Type of Action
MGR	DAVID D. LOWREY	2607 East Atlantic Blvd.	
			□Add
		Pompano Beach, FL 33062	
			■Remove
			□Change
MGR	Ben G. Schachter	2607 East Atlantic Blvd.	
			= Add
		Pompano Beach, FL 33062	
			□Remove
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Effective date, if other than the fan effective date is listed, the date mu. Note: If the date inserted in this bedocument's effective date on the E	ist be specific and cannot be prior to lock does not meet the applical	o date of filing or more than 90 days a ble statutory filing requirements.	ptional) ofter filing.) Pursuant to 605.0207 this date will not be listed as a
record specifies a delayed effective d is filed.	ve date, but not an effective tim	ne, at 12:01 a.m. on the earlier of	: (b) The 90th day after the
September 30 Dated 1	2021		
	Lup	ized representative of a member	