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COVER LETTER

TO: Registration Sec Division of Corp					
	GROUP REAL ESTATE, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	DON PINGARO				
		Name of Person			
	AVALON GROUP REAL	ESTATE, LLC			
		Firm/Company			
	10837 GARDEN RIDGE (COURT			
		Address			
	DAVIE, FLORIDA 33328	S			
		City/State and Zip Code			
	donnie.pingaro@sideinc.co				
For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report not all:	(neaton)		
Don Pingaro		305 389-2922 at ()			
Name o	f Person	Area Code Daytir	ne Telephone Number		
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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration So Division of Co	orporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVALON GROUP REAL ESTATE, 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 8 2/2021 _____ and assigned Florida document number <u>1.21000349630</u> 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

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 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>	Address	Type of Action
MBR	DON GERARD PINGARO, II	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	■ Remove
			= Change
MBR	JACOB LYMAN	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	≣Remove
			□Change
MGR	DON GERARD PINGARO, II	10837 GARDEN RIDGE COURT	≣Add
		DAVIE, FL 33328	
			\(\sum_Change
			⊒Add
			□ Remove
			□Change
			□Add
			ZRemove
			□Change
			□Add
			□ Remove
			= Change

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octive date, if other than the d	late of filing:		_ (optional)	
Tective date, if other than the done effective date is listed, the date must late: If the date inserted in this block cument's effective date on the Department's	ck does not meet the applicat	date of filing or more than 90	days after filing.) Pursuant to 605.0)207 (d as t
ecord specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	the
December 29	2021	_ ·		
ted December 29 Don Pin	rgaro			
	Signature of a member or author	ized representative of a member	er	
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