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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

J DEP; NTS JUN 20 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: ALL	-URE REALTY Name of Limi	LLC (ETN:	<u>87-3372</u> 365)			
	Amendment and fee(s) are sub-	<u>-</u>				
Please return all correspo	ndence concerning this matter	to the following:				
	Ceo	Name of Person				
	Allur De	relopment Group				
	19790WD1x1e	Hwy Ssite 1004				
		City/State and Zip Code				
	Cederc telo	to be used following annual report noti	fication)			
For further information c	oncerning this matter, please ca	all:				
Code C Name o	Tebool (Person	at (<u>305)</u> 49/ ~ Area Code Daytim	4554 e Telephone Number			
Enclosed is a check for the	ne 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		Street Address: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>2100 04.68 166</u> .	were filed on $10/28$	/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Affuce Real Estate Group The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19790 W DI	ALE HWY, Suite 1004
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FC	33180
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u> r	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. 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 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
		N/A	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
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n effective <u>te:</u> If th	late, if other to date is listed, the date inserted effective date	e date must be sp in this block d	pecific and ca oes not mee	unnot be prior et the applic	able statuto	ng or more tha ry filing requ	(option 190 days after irements, this	filing.) Pursuan	it to 605.0207 be listed as
ecord spe is filed.	ecifies a delayed	d effective date	:, but not an	i effective t	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th d	ay after the
ted	04/14	12022	· .			>			
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