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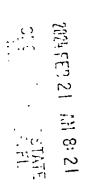
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## **COVER LETTER**

TO:

TO: Registration Sect Division of Corpo				
SURJECT: A	(C Group Real &	Estate LLC		
30161C1.	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Alex Bull Name of Person  Real Estate Firm/Company		
		gonquin Dr		
		Address		
		City/State and Zip Code		
For further information con	E-mail address: ()	1ex borr 10 eg to be used for future annual all:	report notification)	2014 FEB 21 (2) 8: 2
Alex	Burr	at (_203)	500 ~ 1014 Daytime Telephone Number	n 21
Name of I	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	following amount:			22
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate losed) Certified C	of Status &
<u>Mailing Address:</u> Registration Sc	etion	<u>Street Ac</u> Registra	ddress: ation Section	
Division of Co.		Divisio	n of Corporations	
P.O. Box 6327 Tallahassee, FI	20214		ntre of Tallahassee	0
i ananassee. Fi	. JZJ14	Z413 N	. Monroe Street, Suite 81	U

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arc Group	Real Estate UC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number <u>L2400002894</u>	<u>b</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new register
Name of New Registered Agent:		= :
New Registered Office Address:	Enter Florida street address	FFE 2
	. Florid	9
	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
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