

M 14000002746

http://file.sunbiz.org/scripts/efilecovr.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000105857 3)))



H140001058573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2014 MAY -7 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 MAY -7 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PIONEER REALTY MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$25.00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Pioneer Realty Management LLC
2. Jurisdiction of its organization: Georgia
3. Date authorized to do business in Florida: 4/22/2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

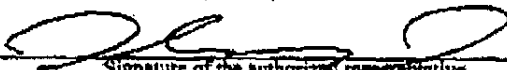
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: _____

Add Joel Murovitz as Manager 3424 PEACHTREE ROAD ATLANTA, GA 30326

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Joel Murovitz

Typed or printed name of signor

Filing Fee: \$25.00

FILED
2014 MAY - 7 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA