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COVER LETTER

TO:		tration Sec on of Corp				
SUBJI		SQUIRE I	NVESTMENT GROUP, LLC			
	.c.r	_	Name of Lim	ited Liability Company		
The en	closed A	rticles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return al	l correspor	dence concerning this matter	to the following:		
			ROBERT E. ABREU. ESÇ	Q.		
				Name of Person		
			ABREU LAW, PLLC			
			•	Firm/Company		
			201 ALHAMBRA CIRCLI	E. SUITE 504		
				Address		
			CORAL GABLES, FLOR	IDA 33134		
			robert@abreulaw.com	City/State and Zip C	oue	
			E-mail address: (i	to be used for future an	nual report notificati	on)
For fur	ther info	rmation co	ncerning this matter, please co	all:		
ROBE	RT E. A	BREU, ES	Q.	786 at (\$58-9646	
		Name of	Person	Area Code	Daytime Tel	ephone Number
Enclos	ed is a cl	heck for the	: following amount:			
□ \$2:	5.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing E Certified Cop (additional copy)	y	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDRESS: tion Section t of Corporations x 6327 (see, FL 32314	Regi Divi: Clift 2661	FET/COURIER A stration Section sion of Corporation on Building Executive Center alassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESQUIRE INVESTMENT GROUP, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 3, 2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1825 Fonce de Leon Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	#592
	Coral Gables, Florida 33134
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida . Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office occurred to the company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	ODALYS VALDES	201 ALHAMBRA CIRCLE	∃ Add
		SUITE 504	
		30111.304	Remove
		CORAL GABLES, FL 33134	Change
			Add
			□ Change
			- T Resmove
			SS Control Change
			Change Change
			1 G Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

amending any other information, enter change(s) here: (Atta	ch udditional sheets, if necessary.)
<u> </u>	
	100
	36-7
	JAN 2
	(optional)
fective date, if other than the date of filing:	
n effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable stati cument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an efficiency from the record is filed.	fective time, at 12:01 a.m. on the earlier o
JANUARY 22 2018	
Signature of a member or authorized rep	retentative of a member
ROBERT E. ABREU, ESQ.	rependance of a memore
	1

Page 3 of 3

Filing Fee: \$25.00