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(Re	questor's Name)	
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то:	Registration Division of C	Section . Corporations	,•	ŧ	er ye	4	# #		į.	
SURI	ECT:		MUNIK IN	IVESTME	NTS, LL	_C				19.00
	SUBJECT: Name of Limited Liability Company									
									-	支
The en	iclosed Articles	of Amendmen	nt and fee(s) are	submitted for f	iling.					
Please	return all corre	spondence cor	cerning this mat	ter to the follow	wing:					0 HA 11 PH 3:5
			R	AFAEL DE	ARAUJO,	, ESQ		_		
				Name	of Person					
			LAW OFFI	CE OF RAF	AEL DE	ARAUJO), P.A.			
Firm/Company										
1221 BRICKELL AVENUE, SUITE 900										
					dress					
				MIAMI	FL 33131					
					and Zip Code	<u>*</u>				
			RAFA	EL@DEAF	RAUJOLA	W.COM				
				s: (to be used for	future annual	report notifi	cation)			
For fu	rther informatio	n concerning t	his matter, pleas	e call:						
B	Seel d	le Aran	10, Esq.	at (_	305 S Area Cod	42-6	899			
	Nam	e of Person	• / /		Area Cod	e & Daytime	: Telephor	ne Number		
Enclos	sed is a check fo	or the following	g amount:							
₽ \$25	5.00 Filing Fee		O Filing Fee & tificate of Status	— Certi	Filing Fee of fied Copy itional copy it			60.00 Filin Certificate Certified C (additional	of Status Copy	
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					Registra Division Clifton I 2661 Ex	T/COURING tion Section of Corpora Building secutive Ceresee, FL 323	n ations ater Circl			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MUNIK INVESTMENTS, LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Asticles of Openingstion for this Limited	Liakilita Cammana	a. Elad an	April 12, 2012	and assigned			
The Articles of Organization for this Limited Florida document number L1200004	• • •	were filed on	April 12, 2012	and assigned			
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liab	oility company h	ere:				
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Com	pany," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if appli	2020 North Bayshore Drive, 2704						
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33137					
				<u> </u>			
Enter new mailing address, if applicable:		2020 North Bayshore Drive, 2704					
(Mailing address MAY BE A POST OFFICE	Miami, FL 33137						
B. If amending the registered agent and			our records, enter the	he name of the new			
registered agent and/or the new registered of	omce address ner	<u>'e</u> :					
Name of New Registered Agent:	Rafael de Araujo, Esq.						
New Registered Office Address:	New Registered Office Address: 1221 Brickell Avenue, 900						
		Enter Florida street address					
		Miami	, Florida	33131			
		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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGR LETICIA GONCALVES 11900 BISCAYNE BLVD ☐ Add Remove MIAMI, FL 33181 ☐ Add Remove ☐ Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 10** 2012 Dated ____ Signature of a member or authorized representative of a member RAFAEL DE ARAUJO, ESQ.

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00