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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	FFRE IN	VESTMENTS LLC	
	Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GARRIE	 	
		Name of Person	
	FFRE	MUESTNENTS LLC Firm/Company	
		rmireompany	
	1300 P	Address	⊳ €
	MIAMI BE	ACH, FL - 33139	2013 DEC SECRET
		City/State and Zip Code	PEC .
	E-mail address: (to	be used for future annual report notificati	
For further information	concerning this matter, please ca	ıll:	3 24 53 43 3 3 45 43
ANDREA	TOZZI	at (786) 4SI -869	3 5 5
Name	of Person	Area Code & Daytime Te	
Enclosed is a check for	the 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)
	LING ADDRESS: stration Section	STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FFRE_	APARTH	TMAI	S, LLC					
(Name of the Limited Lia	bility Com	pany a	as it now appoilt it is company	ears on our	records.			
476116	nida Dillite	d Diao	my company	, ,	i			
The Articles of Organization for this Limited Liabi	lity Compa	ıny we	ere filed on	02/10	2012	and as	signed	
Florida document number <u>L/200020107</u>	,							
This amendment is submitted to amend the following	ng:							
A. If amending name, enter the new name of th	e limited li	ishil it	v company h	ere.				
The manner of the new manne of the	c minico n	IADIIIL	<u>/ company n</u>	ici c.				
The new name must be distinguishable and end with the "L.L.C."	ne words "L	imited	Liability Com	ipany," the o	designation "	'LLC" or the	abbrevia	ation
Enter new principal offices address, if applicabl	e:	_					r->	
(Principal office address MUST BE A STREET A	(DDRESS))					دنت	
		_				四番	哥	
		-		,			<u></u>	**** *****
							Q	ş**
Enter new mailing address, if applicable:		_				+ 11 g N	777	[}]
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	_				Fig	75	_ ',
						المترية		
		_				727	(2)	_
B. If amending the registered agent and/or	registered	office	address or	ı our reco	rds, enter	the name	of the	new
registered agent and/or the new registered office				. 04. 1000	<u></u>	me mane	or the	11011
Name of New Registered Agent:	Æ R	a		L	ATTEN!	SOLDAT	. ۱۸	
Name of New Registered Agent.		}	-01411-0-	1 000	45 IICO 2	300011	1101	_
New Registered Office Address:	130	00 (PEYNSY LVA	MA AVE.	# 308			
•			i	Enter Flori	da street ad	dress		_
	MIAMI	REA	104		, Florida	33/39		
-			City		,, - 1011 44	Zip Coo	l e	
New Registered Agent's Signature if changing Deg	ictored Age	nt.				-		

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, A.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>	Name	Address	Type of Action
MGR	RED DENTALS ILL	1300 PENNSYLVAMA AVE, #39	Add Add
		MIAMI BEACH, FL -33/39	Remove
MGR	GABRIEIE BRAHA	1500 BAY ROAD	Add
		MIAMI BEACH, FL - 33139	Remove
			Add Remove
			Remove
			Add
			Remove
			Add
			Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
-	
_	
-	
=	
-	
Dated	11/25/13 . MIANI BEACH
	applipalie
	Signature of a member or authorized representative of a member
	GABRIEU BRAHA
	Typed or printed name of signee

Page 3 of 3

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