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(Requ	uestor's Name)		
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DIVISION OF CORPORATIONS

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COVER LETTER

•	distration Section of Corp			
SUBJECT:	114 REAL	ESTATE INVESTMENT, LL	С	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Melissa Groisman, Esq.		
			Name of Person	
		Rosenthal Rosenthal Rasco)	
			Firm/Company	
		20900 NE 30th Ave. #600		
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		mgs@rrrlaw.com		-
			to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Melissa Gro	isman		at () 937-0300 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	s check for th	e following amount:		
≘ \$25.00 F	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1114 REAL ESTATE INVESTMENT, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRE NVISION 18 AUG
Enter new mailing address, if applicable:		FILEU TARY OF OF COR
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Tip Code New Registered Agent's Signature, if changing Registered Agent: Chereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and being filed to merely reflect a change in the registered agent and registered for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability	OR ST	
		2 5 E
registered agent and/or the new registered office address he		ords, enter the name of the nev
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation that new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the nightened agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Enter Florida agent in this capacity. I further agree to act in this capacity. I further agree to avoisions of all statutes relative to the proper and complete performance of my duties, and I am familia capp the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this cap filed to merely reflect a change in the registered affice address. I hereby confirm that the limited l	dress	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
If Cha	anging Registered Agent, Signat	ure of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melissa Groisman	a Groisman 20900 NE 30th Ave. Suite 600	
		Aventura, FL 33180	Remove
			Change
			■ Add
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ffective date, if other than the an effective date is listed, the date mu	st be specific a	ind cannot be pric	or to date of fili			ig.) Pursuant to 605.	
tote: If the date inserted in this becoment's effective date on the E	epartment o	f State's record	s.	y ming require	ments, titts ua	ic will flot be fiste	iu a:
e record specifies a delaye The 90th day after the rec			ot an effec	tive time, at	12:01 a.m	. on the earlie	er o
ated July 27	· ·	2018	·				
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Filing Fee: \$25.00