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JAN H.

COVER LETTER

Division of Co	rporations	•	
SR INVEX	CLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rosa Isabeł Ricardo		
		Name of Person	
	<u> </u>	Firm/Company	
•	1920 E. Hallandale Beach	Blvd Suite 801	
	Hallandale Beach, FL 3300	Address 09	
	isabel@somaripropertyman		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Rosa Isabel Ricardo	of Person	305 955-2251 at () Area Code Davtime	Telephone Number
Name	ot Person	Area Code Daytime	Helephone Number
Enclosed is a check for	the following amount:		
S25.00 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)

MAILING ADDRESS:

TO:

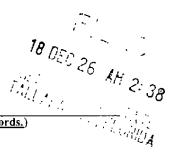
Registration Section

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



SR. INVEX LLC

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

The Articles of Organization for this Limited Liabili	ty Company were filed on Sep	tember 1, 2011	_ and assigned
Florida document number [.11000100518	·		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or a		our records, enter th	e name of the new
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:	OSA ISABEL RICARDO		
New Registered Office Address:	920 E. HALLANDALE BEACH	SUITE 801	
	Enter Pior IALLANDALE BEACH	, Florida 33009)
_	City	, FIULIUA	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 605, 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 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>	<u>Address</u>	Type of Action
MGR	TEAM REAL ESTATE MANAGEMENT LLC	290 NW 165TH STREET PH5 MIAMI FL 33169	□ Add
			■ Remove
·			□ Change
MGRM	WINDSTAR PARTNERS LIMITED	ROAD TOWN TO 1110	
			□ Remove
			Change
MGR	ROSA ISABEL RICARDO	1920 E. HALLANDALE BEACH BLVD SUITE 801	Add
		Hallandale Beach FL 330	□ Remove
· · · · · · · · ·			Change
			Change Add
			Remove
			□ Change
			Add
			Remove
			Change

				
				
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fective date, if other tha	n the date of filing:			ptional)
an effective date is listed, the dote: If the date inserted in ocument's effective date on	this block does not meet	the applicable statute		
e record specifies a de The 90th day after th	layed effective date e record is filed.	, but not an effe	ctive time, at 12:0)1 a.m. on the earlier
DEC 18	20	018		
	Roa	Disard		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00