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MECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
	/ESTMENT PROPERTIES, L.	L.C.	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEFFREY M. PERLOW, E	ESQ./ROSEMARIE BACALLAO, I	ESQ.
	<u> </u>	Name of Person	
	FROMBERG, PERLOW &	k KORNIK. P.A.	
		Firm/Company	
	20295 NE 29TH PLACE		
		Address	
	AVENTURA, FL 33183		
		City/State and Zip Code	
	JPERLOW@FPK-LAW.CO		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
KUSEMARIE BACALI	.AO	305 933-2000 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

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

(Name of the Limited Liabi (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L00000016355	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or reging states and and/or the new registered office addressed agent and/or the new registered office addressed agent.	istered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	
New Registered Office Address:	Futor Elmid attend - Id
New Registered Office Address:	Enter Florida street address , Florida

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>	Address	Type of Action
MGR	ROY FAITH	2627 NE 203rd St. Suite 202	Add
		Aventura, FL 33180	Remove
			Change
MGR	ROLAND FAITH	2627 NE 203rd St. Suite 202	Add
		Aventura, FL 33180	Remove
		<u> </u>	☐ Change
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record specifies a del he 90th day after the	ayed effective record is filed	date, but no	ot an effective t	ime, at 12:	:01 a.m	ı. on t	the earlier o
August 24		2016					
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	Signature or a	i member or auti			155.5 A2.44	30	'n

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Filing Fee: \$25.00