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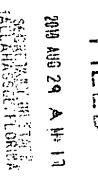
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: PINTO CASTRO INVESTMENTS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN SILVERMAN Name of Person
STEVEN SIWERMAN, P.A.
7740 SW I UHTH STREET, SUITE 101
MIAMIFL 33156 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Steven Silverman at (305) 666-6111 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy 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

PINTO (KSTA	O INVESTMENTS, ELLED
(Name of the Limited Liabili (A Florid	ty Company as it now appears on our records.)
	ZERI AUD ZM AM FIT FR
The Articles of Organization for this Limited Liability C	Company were filed on 5 SILO say on reamdussigned FALLAHASSEE. FEGRIDA
Florida document number 610000048062	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:

New Registered Agent's Signature, it 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>	Address	Type of Action
MER	CRISTINA PINTO	(3550 SW 105 AUR	≱ ⊀Add
		MIAMI, FL 33176	Remove
			Change
MER MANUELO-PINTO, III	13550 SW105 AN	⊠ Add	
	MIAMI, FL 33176	Remove	
		Change	
		Add	
		☐ Remove	
		Change	
		☐ Remove	
		Change	
		🗆 Add	
		Remove	
		□ Change	
			Remove

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	8 19 19
	Signature of a member of authorized representative of a member
	Manue (PinTo Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00