## 410000053341

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## **COVER LETTER**

TO: Registration S Division of Co		•	
CASABL SUBJECT:	ANCA TH3 LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARIANO SAAL		
		Name of Person	
	TIR PRIME PROPERTIES	3	
		Firm/Company	
	3137 NE 163RD STREET		
		Address	
	N MIAMI BEACH, FL 33	160	
	ACCOUNTING@TIRPRIA	City/State and Zip Code IE.COM	
	E-mail address: ()	to be used for future annual report notific	cation)
For further information	concerning this matter, please co	all:	
MARIANO SAAL		305 918-2627	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	ess:	Street Address:	
Registration	Nection	Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[20] (e - 5 ) [3 7: 3]

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( <u>Name of the Limited Liub</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability	Company were filed on 05/18/2010	and assigned
Florida document number 1.10000053341		<del>_</del>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLG	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	da rididi.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registe
seem and of the new registered office authess here:		
Name of New Registered Agent:		
		<del></del>
New Registered Office Address:	Enter Florida street addres	
	nner v tortaa street aaares	5
	, Flo	Orida Zip Code
iew Registered Agent's Signature, if changing Registere	,	z.p Coae
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	and agree to act in this capacity. I ful complete nevformance of my duting an	rther agree to comply with a
weept the obugations of my position as registered a	gent as provided for in Chamer 605	F. C. Or if this dominant is
neing filed to merely reflect a change in the register	ed office address. I hereby confirm the	at 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

1.10 -7 61 7:01

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NINO C COLNAGHI	3137 NE 163RD STREET, NORTH MIAMI BEACH	<b>∓</b> Add
			_ □Remove
			_ □Change
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SEPTEMBER 30TH 2020			<u>+54.6</u>	111 7. 0	!	
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Signature of a member or authorized representative of a member	SEPTEMBER 30TH	2020				
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Filing Fee: \$25.00