11000013684

(Re	questor's Name)	_ .
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Dertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	MAY 2 7 2022	

Office Use Only



400388547964

05/26/22--01022--012 **55.00

IVISION DE CORFORATIONS TALLAMASSEE, FLORIDA

ZOZZ MAY 26 AM 8: 49
SECRETARY OF STATE

RECEIVED 2022 MAY 26 PM 2: 23

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

· · · · · · · · · · · · · · · · · · ·	
M INVETMENT PROPERTIES LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
nture	Fictitious Owner Search
	Vehicle Search
	Driving Record
ested by: SETH 05/26	UCC 1 or 3 File
Date Time	UCC 11 Search
Date Time	UCC II Retrieval
In Will Pick Up	Courier

COVER LETTER

TO:

Registration Section Division of Corporations

	Name of	Limited Liability Company	
The enclosed Article	s of Amendment and fcc(s) are	submitted for EU.	
	espondence concerning this mat		
	EVAN'R MARBIN, ES		
		Name of Person	
	EVAN R MARBIN & /	ASSOCIATES, PA	
		Firm/Company	
	19790 WEST DIXIE HI	GHWAY, PH-3	
		Address	
	MIAMI, FL 33180		
		City/State and Zip Code	
	SM@3MLAW.NET		
For further information	concerning this matter, please	tto be used for future annual report no	Offication)
SHERRIE MARBIN	osweething this matter, please		
	C.D.	305 495-4175 ai ()	
Name of Person		Area Code Daytin	ne Telephone Number
inclosed 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 MAY 26 AM 8: 49
SECRETARY OF STATE

TAM INVESTMENT PROPERTIES, LLC

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

		1.04:
d Liability Compan	y were filed on JUNE	24, 2011 and assigned
	•	and assigned
- 		
-		
of the limited lia	bility company here:	
	ility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	Miami, FL 33130	
Enter new mailing address, if applicable:		
<u>Ε ΒΟΧ)</u>	Suite 2410	
	Miami, FL 33130	
registered office a	address on our records	s. enter the name of the new regist
rss nere:		
RICHARD WO	LFE	
175 SW 7th Stre	ect. Suite 2410	
	Enter Florida stree	of address
Miami		Florida 33130
	City	Zip Code
Registered Agent:		,
		Florida 33130 Zip Code
	following: e of the limited lia e words "Limited Liab licable: EET ADDRESS) E BOX) registered office a ess here: RICHARD WO 175 SW 7th Street Miami Registered Agent:	e of the limited liability company here: e words "Limited Liability Company." the designation of the limited Liability Company. The designation of the liability Company. Th

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ii 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>	Name	Address	Type of Action
MMBR	TED VERNON	175 SW 7th Street, Suite 2410	
		Miami, FL 33130	
			□Remove
			■ Change
mbr	ROBIN ZIEL		□Add
			≣Remove
h			☐ Change
mbr	TED VERNON	175 SW 7th Street, Suite 2410	——— ≣Add
	Miami, FL 33130	□Remove	
		□Change	
			□Add
			□Remove
			□ Change
			DAdd
		□Remove	
			□Change
-			□Add
			□Remove
			□Change

Delete Articles 7, 8	
Add new number 7	7. as follows: "The Company is a member managed limited liability company."
ve date, if other that tetive date is listed, the date If the date inserted in tent's effective date on	an the date of filing:
specifies a delayed effect.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 24	2022
	Signature of a member or authorized representative of a member
RICHARD WOLFI	Signature of a member or authorized representative of a member

Filing Fee: \$25.00