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EXAMINER

COVER LETTER

Division of Co			•			
SUBJECT:	THREE INVESTM	ENT PROPERTIES, LLC				
50000CT		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		Karla A Cruz				
Name of Person						
THREE INVESTMENT PROPERTIES, LLC						
Firm/Company						
13807 Sw 149th Cir Ln Apt. 2						
Address						
	Miami Fl 33186					
City/State and Zip Code kacruzc@gmail.com E-mail address: (to be used for future annual report notification)						
			on)	SEC SEC	5	
For further information	concerning this matter, please c	all:		RETAI AHAS	APPR FIL FIL	
K	Carla A Cruz	at (786) 27	1 5947	. દેખા≪		
Name of Person		Area Code & Daytime To	elephone Number	-FS	? C	
			,		27	
Enclosed is a check for	the following amount:			1>		
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	cate of Status &		

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

THREE INVEST	MENT PROPERTI	ES, LLC		
(Name of the Limited Liability (A Florida)	Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L12000002583	Company were filed on	01/06/2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation "L	LC" or the abbrevi	iation
Enter new principal offices address, if applicable:		,	SE 75	
(Principal office address MUST BE A STREET ADDI	RESS)		CRE O	
			ASSE A	
Enter new mailing address, if applicable:			PH 2	36
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:	lress here:			
	Ei	nter Florida street addi	ress	
	Class	, Fiorida	Zip Code	
	City		zip Coae	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> MGRM Douglas R Lee 13807 Sw 149th Cir Ln Apt.2 √ Add Miami FI 33186 Remove Lucia Cruz MGR ☐ Add 13807 Sw 149th Cir Ln Apt. 2 Miami FI 33186 ✓ Remove MGR Juana Cabrera 13807 Sw 149th Cir Ln Apt. 2 Miami Fl 33186 \Box Add Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) According to previous amendment filed on September 24, 2012 the title for Karla A Cruz is MGRM. October 29 2012 Dated authorized representative of a member Signature of a member of Karla A Cruz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00