## L12000002583

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SECRETARY OF STATE DIVISION OF CORPORATION

C. LEWIS NOV 1 4 2012 EXAMINER

## **COVER LETTER**

TO: Registration Division of C		The Market State of the Control of t	*
SUBJECT:	THREE INVESTM	ENT PROPERTIES, LI	_C
		ted Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		Karla A Cruz	
	,	Name of Person	
	THREE INV	ESTMENT PROPERTIES	, LLC
		Firm/Company	-
	1380	7 Sw 149th Cir Ln Apt. 2	
		Address	
		Miami Fl 33186	
		City/State and Zip Code	
;	F-mail address (	kacruzc@gmail.com to be used for future annual report notif	(Ication)
For further informatio	n concerning this matter, please o	•	,
	-		
NI	Karla A Cruz	at (786)	271 5947  ne Telephone Number
Nam	e of reison	Alea Code & Dayini	ic receptore remoci
Énclosed is a check fo	or the 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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2812 NOV 13 PM 4: 19

THREE INVES	TMENT PROPERT	IES, LLC		
(Name of the Limited Liabil (A Florida	ty Company as it now appear Limited Liability Company)	ars on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on01/06/2012				
Florida document number L12000002583	······································			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on dress here:	our records, enter th	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida street address			
	City	, Florida	Zip Code	
N 70 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15			-7-	

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 Type of Action <u>Title</u> <u>Name</u> **Address** Carlos Cruz MGR ∏ Add ☑ Remove 13807 Sw 149th Cir Ln Apt.2 Miami Fl 33186\_\_\_\_\_ ☐ Add Remove Add 🗎 Remove ☐ Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 07 2012 Dated Signature of a member or authorized representative of a member Karla A Cruz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00