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## **COVER LETTER**

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SUBJECT:	Invest PN M	tiami, LLC		
Бовавет.		Name of Lim	ited Liability Company	<del></del>
The encloses	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Torrealba-Alvarez D. Card	olina	
			Name of Person	
		Miami Prime Team, LLC		
			Firm/Company	- A-B-04,
		3810 SW 29th St, 3802		
			Address	1.
		Miami Fl. 33134		
			City/State and Zip Code	
		carolinalvarez8@gmail.con		
		E-mail address: (	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Torrealba-Alvarez D. Carolina			305 8047543	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is:	n check for th	e following amount:		
\$25.00 F	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

Invest PN Miami, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/02/12}{}$ \_\_\_\_ and assigned Florida document number 1.12000030215 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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>	Name	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this bloocument's effective date on the Do	t be specific an ock does not t	d cannot be prior meet the applica	to date of filing the statutory i	or more than 90 da iling requiremer	(optional) ys after filing.) Pursu its, this date will n	uant to 605.020 not be listed a
e record specifies a delayed The 90th day after the reco	effective ord is filed.	date, but not	an effectiv	ve time, at 12	::01 a.m. on th	ne earlier o
sted September 12		. 2017				

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Filing Fee: \$25.00