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EXAMINER 13 WILL 13

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ines Properties Inustment, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ines M. Iglesias Cardel. Name of Person
Name of Person Tues Proger Lie C Investment, LLC Firm/Company
18840 WW 57 ave Apt 107 Address
Hateah El 33015 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ins M. Iderias Cardet at (786 493 - 1869 = 7
Name of Person Area Code & Daytime Telephone Number Real Code & Dayt
\$25.00 Filing Fee \(\text{Certificate of Status} \) Certificate of Status \(\text{Certified Copy} \) (additional copy is enclosed) 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

Ines Projecties 1	Investment, LLC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>LI 2000 (04/35</u> .	npany were filed on <u>08/13/2012</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7017 TALL
(Principal office address MUST BE A STREET ADDRE,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	56 NE 150 15 15 15 15 15 15 15 15 15 15 15 15 15
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	ies Moria Islesias Cardet.
New Registered Office Address: 188	40 NW 57 ave Apt 107
	Enter Florida street address Haled , Florida 33015 City Zip Code

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Man	aging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
President	Marcos Carcia	18840 WW ST QUE Apt 107	Add
		18840 WW 57 ave Apt 107 Healeah PJ 33015	Remove
President	Ines M. Iglesias Corde	Hialeay Fl, 33015	- 2 4Add
		HW(209 1 (1) 3013	Remove
			ے چے کے Add
		AHASS	Add SECRETARY Remove Add Remove
		EE C	
		D. C.	Remove
			Add
			Remove
			Add
			Remove

f an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
l	12/10/2012
· —	Dorom 2010 1 2010.
	Marlos Parcia
	Signature of a member or authorized representative of a member
	/ Harcos Careia.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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