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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 Phone : (305)670-1991

Fax Number

: (305)670-1993

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADMOR INVESTMENTS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADMOR INVESTMENTS, LLC	<u></u>	
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L12000141299		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, s here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		lda
	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 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

To:

Fax: (850) 617-6383

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☐ Change

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 = N $AMBR = A$	Ianager Authorized Member		W A shipm
<u>Title</u>	Name	Address	Type of Action
NIGR	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD SUITE 1509 MIAMI FL, 33156	
			Remove
			Change
MGR	KEMPNER, CLARA	1390 BRICKELL AVENUE SUITE 200 MIAMI FL, 33131	□ Add
			■ Remove
			□ Change
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the record sp ) The 90th i	ecifics a delayed of day after the recor	affective date, build is filed.	t not an effective	e Ume, at 12:01 a	i.m. on the earlier o
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