L13000003445

	Requestor's Name)	
A)	(ddress)	
	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(0	ocument Number)	
ed Copies	Certificates	of Status
cial Instructions to	o Filing Officer:	
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COVER LETTER

Registration Section **Division of Corporations**

300 - 17 INV JECT:	ESTMENT LLC		
	Name of Limi	ted Liability Company	
enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
e return all correspor	ndence concerning this matter	to the following:	
	RITA M JONES C/O CRE	SCENT HEIGHTS	
		Name of Person	
	300 - 17 INVES ΓΜΕΝΤ L	LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2200 BISCAYNE BOULE	VARD	
		Address	
	MIAMI, FLORIDA 33137		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	RJONES@CRESCENTHE		<u>_</u>
	E-mail address: (I	to be used for future annual report notifi	cation)
further information co	oncerning this matter, please ca	all:	
YAMI AGUIAR		305 374-5700 at ()	
Name of	Person	Area Code Daytime	Telephone Number
osed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

300 - 17 INVESTMENT LLC		<u> </u>		
(<u>Name of the Limited Lia</u> (A Flo	bility Compa orida Limited I	ny as it now appears on our records.) Liability Company)		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) rticles of Organization for this Limited Liability Company were filed on a document number 113000003445		_ and assigned		
rida document number 113000003445	·			
s amendment is submitted to amend the following	; :			
If amending name, enter the new name of the l	limited liab	ility company here:		
new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the designation "LLC" or		
ter new principal offices address, if applicable:		2200 BISCAYNE BOULEVARD	- <u>im</u>	2020 2020
incipal office address MUST BE A STREET AD	DRESS)	MIAMI, FLORIDA 33137	<u> </u>	
			**	<u>ٿ</u>
ter new mailing address, if applicable:		2200 BISCAYNE BOULEVARD		PH 7
•)	MIAMI, FLORIDA 33137	•	
If amending the registered agent and/or registent and/or the new registered office address her		address on our records, enter the	name of t	the new regi
Name of New Registered Agent: DA	AYAMI AGU	JIAR		
New Registered Office Address:	00 BISCAY	NE BOULEVARD	<u></u> .	
<u>MI</u>	IAMI	, Florid	la <u>33137 </u>	
		City	$Z_{i_{l}}$	p Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
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ctive date, if oth	ner than the date of	filing:		(opti	onal) filing.) Pursuant to 605.0	
effective date is liste e: If the date inser	d, the date must be speci rted in this block does	fic and cannot be prior not meet the applic	to date of filing or m able statutory filin	iore than 90 days after g requirements, thi	filing.) Pursuant to 605.0 s date will not be listed	207 (l as t
 ument's effective of	date on the Departmer	it of State's records.				
cord specifies a del filed.	layed effective date, b	ut not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after t	he
November ed	24th	2020				
	12.00	1/1///	_ 			
						
	/ Signature	e of a member or author	orized representative	ot a member		
RUSSELL	GALBUT, as Preside	ent				
- -		Typed or print	ed name of signee		· 	