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K.S.ALY EXAMINER FEB 23

COVER LETTER

Divi	sion of Corp	porations		•	
SUBJECT:		MTE Prop	erty Investments, LLC		
nobject.		Name of Lim	nited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
			Ana M. Hernandez		
			Name of Person		
	Firm/Company				
			PO Box 660257		
			Address		
			Miami Springs, Florida 33266		
			City/State and Zip Code		
			anahernandez.do@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)	
For further in	formation co	oncerning this matter, please c	all:		
	Legally	y Mine	800 375-2453		
-	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
≘ \$25.00 Fi	ling 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)	

TO:

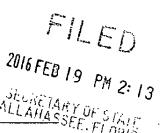
Registration Section

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

MTE Property Investments, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/19/2013 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L13000088785 Florida document number 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Ana M Hernandez	6001 SW 164th Court	🗆 Add
		Miami, FL 33193	Remove
			☐ Change
AMBR	MTE Capital Management Group, LLC	1231 W Northern Lights Blvd 911	= Add
		Anchorage, AK 99503	□ Remove
			Change
		,	O'Add FEB PH 2: 13
			□ Add □ ω
			Change
			Remove
			□ Change
			Add
			Remove
			Change

Add the fo	llowing additional p	rovisions - Distribution Autho	ority - The members may i	n their discretion distrib	ute
the profits	and/or capital of the	LLC business pro-rata or non	n-pro-rata as they deem ad	visable. If the members	
make non-	pro-rata distributions	s, those shall be taken into acc	count in re-calculating eac	h member's capital accou	ınt
(and/or dra	wing account) at the	e end of the LLC's fiscal year.			
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ctive date, i	f other than the description	ate of filing:	luta of fiting or more than 60	_ (optional)	- 405 n o n
: If the date	inserted in this bloc	k does not meet the applicable artment of State's records.	e statutory filing requirem	ents, this date will not be	: listed a
acord ene	rifi es a delayed s	effective date, but not a	n offoctive time -t-1	7.01 am an the -	nelion :
e 90th da	y after the recor	d is filed.	in enective time, at a	.2:01 a.m. on the e	anier
	2/15	2016.	_		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00