Rionida Department of State visi**on** of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076

: (305)388-7028

Phone

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTA ALE INVESTMENT, LLC

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1. HARRIS Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

λλ	TA ALE INVESTMENT, LLC		
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited Li lorida document number		01/29/2014	and assigned
This amendment is submitted to amend the follo	owing		
A. If amending name, enter the new name of	f the limited liability company be	<u>ere</u> :	2017
N/A The new name must be distinguishable and contain the v	ords "Limited Linbility Company," the d	lesignation "LLC" or th	e abbreviation E.L.C.
Enter new principal offices address, if applic			25 T
Principal office address MUST BE A STREE	T ADDRESS)		THE PARTY OF THE P
Enter new mailing address, if applicable:			9. 9. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Mailing address MAX BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address of office address bere:	n our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Fle	orida street address	
		, Florid:	2
	City·	, Florius	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

I hereby accept the appointment us 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

Title	<u>Name</u>	Address	Type of Action
AMBR	LASNIAJO INC	25 SE 2nd Ave	☐ Add
		Suite 1005 3.:	■ Remove
		Miami, FL 33131	Change
MGR	TIM SUAZO	7951 RIVIERA BLVD	Add
		SUITE 210	☐ Remove
		MIRAMAR, FL 33023	Change
			Acd
			Remove
			☐ Change
			Add
			□ Remove
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			O Remove
			Sange Call
			Remove
			☐ Change

N/A	ormation, enter change(s) here: (Auach additional shee	
		<u> </u>
		<u> </u>
·		
	08/08/2617	(optional)
. Effective date, if other t (If an effective date is listed, the	the state of the s	s on Asse serie 51ing.\ Pursuant to 605,0207
Note: If the date inscrice:	e date must be specific and cannot be prior to date of filling it more that this block does not meet the applicable stantory filling requion the Department of State's records.	irements, this date will not be hated as
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f the record specifies a b) The 90th day after	delayed effective date, but not an effective time, the record is filed.	at 12:01 a.m. on the earlier of
08/08/2017		29 (A)
Dated	D	
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	Signifiate of a member of authorized representative of a m	Ember SS -
	TIM SUAZO	A A
		P