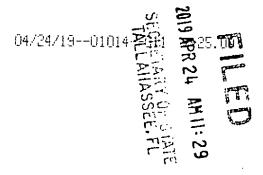
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LLC Amend.

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COVER LETTER

TO:		istration Sec sion of Corp			4
CHDI	rer.	MISSISSI	PPI APTS. INVESTMENTS	LLC	
2009	ECT:		Name of Limi	ited Liability Company	
The e	nclosed	Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please	e return	all correspor	ndence concerning this matter	to the following:	
			RUBEN GONZALEZ		
			MISSISSIPPI APTS. INVES	Name of Person	
			7165 SW 47TH ST SUITE :	Firm/Company 320	
			MIAMI FL 33155	Address	
			MISSISSIPPIAPARTMENTS	City/State and Zip Code ©GMAIL.COM	
			E-mail address: ()	to be used for future annual repor	t notification)
For fu	irther in	formation co	oncerning this matter, please ca	nll:	
RUB	EN GC	NZALEZ		305 960700	05
		Name of		Area Code D	aytime Telephone Number
Enclo	sed is a	check for th	e following amount:		
≘ \$:	25.00 F	iling 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISSISSIPPI APTS INVESTMENTS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records, ted Liability Company)	.)
The Articles of Organization for this Limited Liability Comp.	any were filed on 04/18/2014	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 !.	iability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	2019 SEC TA
Enter new mailing address, if applicable:		APR 24 AM
(Mailing address MAY BE A POST OFFICE BOX)		77.55 29 F. 29
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YARISELIS GARRIDO	8551 SW 102ND ST MIAMI FL 33156	_ □ Add
			■ Remove
	DUDEN CONTACT	0551 011 10010 07	Change
MGR	RUBEN GONZALEZ	8551 SW 102ND ST MIAMI FL 33156	■ Add
			Remove
			□ Change
			_ _ _ _ _ _ \dd
			☐ Remove
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Service Law Meadle at the alle	1	, ,	
ective date, if other than the reffective date is listed, the date muster. If the date inserted in this blocument's effective date on the Decument	the specific and cannot be prior to ock does not meet the applicable	(optiona date of filing or more than 90 days after filing e statutory tiling requirements, this dat	g.) Pursuant to 605.02
record specifies a delayed he 90th day after the reco	effective date, but not a ord is filed.	in effective time, at 12:01 a.m	. on the earlier
ed APRIL 11	2019		

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Typed or printed name of signee

Filing Fee: \$25.00