## 114000099117

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JUL L'INN O. BRUCE

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:CHIN	A MIAMI REAL ESTATE	INVESTMENTS, LLC			
	Name of Lin	nited Liability Company			•
	f Amendment and fee(s) are sub ondence concerning this matter	•			
	Henry B. Hand	ler, Esq.		_	
		Name of Person			
	Weiss Handler &	Córnwell, P.A.			,
		Firm/Company		_	
	2255 Glades	Road, Ste. 218A		:	•-
		Address		2014	
	Boca Raton, F	loria 33431			(VAI)
		City/State and Zip Code			general (1871)
·	HBH@weissandh	-	<u></u>	SET O	fm:same
	E-mail address: (	to be used for future annual report notif	ication)		g B. k
For further information of	oncerning this matter, please c	ail:			A Second
Henry Ha	ndler	at (561)997 <del>-</del> 999	5	i à	
Name o	f Person	Area Code Daytime	Telephone Numbe	r	
Enclosed is a check for t	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status	

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

## CHINA MIAMI REAL ESTATE INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp.  Florida document number <u>L14000099117</u> .	pany were filed on	6/20/2010	an	ıd assi;	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :			
The new name must be distinguishable and end with the words "Limited	l Liability Company," the	e designation "LLC" or the	abbreviat	ion "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES.	<u></u>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered	ed office address o	n our records, enter	Single Si	2014 JUL 16 AM 0	Free new
registered agent and/or the new registered office address		ii our records, <u>enter</u>	200	 22 9	I ARRESTICA
Name of New Registered Agent:					
New Registered Office Address:	Enter Flo	orida street address			
	City	, Florida	Zip (	Code	
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>				

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ninoska Fabbri	2255 Glades Road	<b>=</b> Add
		Suite 218A	□ Remove
		Boca Raton, FL 33431	
			🗅 Add
			□ Remove
			□ Add
			Remove
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Millielli				optional) days after
Signature of a member or authorized representative of a member	e date thi			optional) days after
		s document is filed by the Florida	Department of State)	optional) days after
	e date thi	s document is filed by the Florida	Department of State)	optional) days after

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