140001	57321
(Requestor's Name) (Address) (Address)	700299413857
(City/State/Zip/Phone #)	05/24/1701019011 **25.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	TO JUN-5 AN RED SECRE IARY OPSTALLAHASSEE, FLORIDA
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	JUN 0 6 2017 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2017

HECTOR PARADISI 18501 PINES BLVD SUITE 342 PEMBROKE PINES, FL 33029

SUBJECT: MA3-3 INVESTMENTS LLC Ref. Number: L14000157321

We have received your document for MA3-3 INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00010606

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ALCANASSE FLORIDA

www.sunbiz.org

Division of Componentiana, DO ROX 6397 Tallahasson Florida 39314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA3-3 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 Company were filed on	and assigned
Florida document number L14000157321	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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		+	1

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

N/A

N/A

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.

	so registered office address on our re	cordas, chief	thy name		**
registered agent and/or the new registered o	ffice address here:		LSI		_
		•	R≥ _		
				Ď	
Name of New Registered Agent:	Stratus Consultants LLC		 	<u>-</u>	
	,				

18501 Pines Blvd Suite 342

New Registered Office Address:

Enter Florida street address Pembroke Pines City

33029 Zip Code

Florida

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 A ent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name		Address	Type of Action
<u> </u>				🗖 Add
		<i>.</i>	,	□ Remove
				Change
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1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -				Remove
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				□ Remove
				Change

D: If amonding any other information, enter change(s) here: (Attach.additional sheets, if necessary.)

_____ (optional) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed. Dated 2770 Signature of a member or authorized representative of a member NAMBROSID MONICA Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00