LIHOCOM	57407
(Requestor's Name) (Address) (Address)	600299413866
(City/State/Zip/Phone #)	05/24/1701019010 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TT-JUN-5 M & D TT-JUN-5 M & D TALLAHASSEE. FLORIDA
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2017

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

SUBJECT: MA3-4 INVESTMENTS LLC Ref. Number: L14000157407

We have received your document for MA3-4 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: 817A00010605

2819 JUN -5 PM

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA3-4 INVESTMENTS LLC	М.	Л.	A3-4	INV	'ES'	ГMÉN	TS	LLC
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### (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 10/08/2014 and assigned Florida document number L14000157407

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	 N/A			
(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:  $\Sigma_{cc}$ 

Name of New Registered Agent:	Stratus Consultants LLC		CRET	
New Registered Office Address:	18501 Pines Blvd Suite 342	SSEE.	F	
	Enter Flo	orida street address	<u>, 2007</u>	[T]
	Pembroke Pines	, Florida <sup>3302</sup>	29 20 20 20	C
	. 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 Ne w Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the titlename, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional
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(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.) Fursuant to 605.0207 (3)(b) 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 earlier of: (b) The 90th day after the record is filed.

Dated May 17	, <u>2013</u>	
( <i>)</i>		
	THE FEETENS.	_
	Signature of a member or authorized representative of a member	
	4	
	Pionica DAmbresia	_
1	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00