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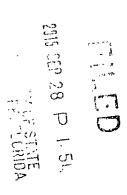
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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**S MASON** 

### COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	FINISTE Name of Limi	rra Invest LL ted Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Mar	Name of Person	
	Mar	S Brickell Ave	son, P.A.
		anu; FL 33/ City/State and Zip Code	
	E-mail address: (to	arili. Cancio & Ci	elaw.com
For further information co	ncerning this matter, please ca	II:	
Marili (	Cancio Person	at ( <u>784</u> ) <u>FO</u> Area Code Daytime	2-2332 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing 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
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION
OF State of the Control of the Contr
Finisterra Invest LLC ?
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Elimined Elability Company)
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>L/4000 /9587</u> 2
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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: 1395 Brickell Avenue, Suite 650
(Principal office address MUST BE A STREET ADDRESS) MIGNU, 4/ 33/3/
Enter new mailing address, if applicable: C/o C/O Management //C
(Mailing address MAY BE A POST OFFICE BOX)  P.O. Box 490975
Key Biscayne FL 33149
- Neg Stagric FD 317/
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:
Name of New Registered Agent: C10 Manage went LLC
New Registered Office Address: 1395 Brickell Ave, Suite 650  Enter Florida street address
Mianu, Florida 33/3/  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

Page 1 of 3

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 **Address** <u>Title</u> <u>Name</u> **Type of Action** MGR Otavio Quinta C/O CIO Management LLC DAdd

P.O. Box 490975 DRemove \_□ Add □ Remove □ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change Add ( <sup>™</sup> □ Remove

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Filing Fee: \$25.00