## 115000005543

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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## **COVER LETTER**

| Div                | ision of Cor   | porations                                    |   |  |
|--------------------|----------------|--|---|--|
| SUBJECT:           |                | N INVESTMENT GROUP, I                        | LLC   |  |
| sonjeci.           |                | Name of Lim                                  | ited Liability Company  |  |
| The enclosed       | d Articles of  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return      | all correspo   | ndence concerning this matter                | to the following:   |  |
|                    |                | AHPALY CORADIN                               |   |  |
|                    |                |  | Name of Person  | ·  |
|                    |                | CORADIN LAW P.A.                             |   |  |
|                    |                |  | Firm/Company  |  |
|                    |                | 200 SOUTH BISCAYNE                           | BLVD, SUITE 2790  |  |
|                    |                |  | Address   |  |
|                    |                | MIAMI, FL 33131                              |   |  |
|                    |                |  | City/State and Zip Code   | <del> </del>   |
|                    |                | ahpaly@coradinlaw.com                        |   |  |
|                    |                | E-mail address: (                            | to be used for future annual repor  | t notification)  |
| For further in     | nformation c   | oncerning this matter, please ca             | ıll:  |  |
| Ahpaly Coradin     |                |  | 305 714953<br>at ()   |  |
|                    | Name o         | f Person                                     | Area Code Da  | aytime Telephone Number  |
| Enclosed is a      | a check for th | ne following amount:                         |   |  |
| <b>⊠</b> \$25.00 F | iling Fec      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

**Registration Section** 

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**

TECHNION INVESTMENT GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_L15000005543 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." 2805 NE 213 St. Aventura, FL 33180 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2805 NE 213 St, Aventura, FL 33180 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, enter the name of the new registered agent and/or the new registered office address here: CORADIN LAW P.A. Name of New Registered Agent: 200 SOUTH BISCAYNE BLVD, SUITE 2790 New Registered Office Address: Enter Florida street address , Florida 33131
Zip Code MIAMI

## 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.

City

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>     | <u>Address</u>                        | Type of Action |
|--------------|-----------------|---------------------------------------|----------------|
| MGR          | BERNARDO RIEBER | 2199 NE 163 Street                    | ☐ Add          |
|              |                 | North Miami Beach, FL 33162           | ☑ Remove       |
|              |                 |                                       | ☐ Change       |
| MGR          | CARLOS CADET    | 9981 NW 75TH Street                   | ☑ Add          |
|              |                 | Doral, FL 33178                       | □ Remove       |
|              |                 |                                       | ☐ Change       |
| MGR          | JESUS DIAZ      | 3131 NE 188 St, Apt 2-1216,           | ⊠ Add          |
|              |                 | Aventura, FL 33180                    | □ Remove       |
|              |                 |                                       | Change         |
| MGR          | CESAR PUMAR     | Av 12, Calle 35 urb caminos del       | <b>☑</b> Add   |
|              |                 | Dorał, etapa VI, Portal del Dorał,    | □ Remove       |
|              |                 | casa 66, Maracaibo, Venezuela         | Change         |
|              |                 |                                       | OAddT          |
|              |                 |                                       | Remove         |
|              |                 | · · · · · · · · · · · · · · · · · · · | □ Change       |
|              |                 | _                                     | Add            |
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| Effective If an effective | date, if othe   | er than the date<br>, the date must be sp | of filing   | cannot be pr | ior to date o | filing or mo  | ore than 90 c | ( <b>option</b><br>lays after fil | al)<br>ing.) Purs                            | uant to 605                             | .0207 (3    |
| Note: If t                | the date insert | ed in this block date on the Departi      | oes not m   | eet the app  | licable stat  | utory filing  | requireme     | ents, this d                      | ate will 1                                   | not be liste                            | d as th     |
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| De                        | ecember         | 23  | _           | 2016         |               |               |               |                                   |  |   |             |
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Typed or printed name of signee

Filing Fee: \$25.00