Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please Email Address:

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VAQUERO REAL ESTATE INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TATE INVESTMENT LLC			
(Name of the Limited Liability Comp. (A Florida Limited	Pany as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on 02/03/2015	and assi	igned	
Florida document number L15000021881				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :			
The new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation "LLC" or the	abbreviation "L,	L.C."	_
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)		- <u>-</u>		 -
				_
Enter new mailing address, if applicable:		•		-
(Mailing address MAY BE A POST OFFICE BOX)				_
				_
		≥ ~	ZE!	
B. If amending the registered agent and/or registered	office address on our records, ente	r the name	of the	<u>new</u>
registered acent and/or the new registered office address he	re:		*	}
		βλ 3/2 βλ 70	5	1
Name of New Registered Agent:		141-4		<u>;</u> ;-
Name David Amend Office Add				1 7
New Registered Office Address:	Enter Florida street address	1,14	ض -	- `
		4 · · ·	10	
	, Florida _	3: 0 1	 -	
	Ciry	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

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>	Name	Address	Type of Action
MOR	RAFAEL VALENTINO	2330 PONCE DE LEON BLVD	□ Add
		CORAL GABLES, FL 33134	■ R¢move
			Change
			Add
			□ Remove
			☐ Change
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ective date, if other than the date of filing: (optional) a effective date is listed, the date must be specific and carmot be prior to date of filing or more than 90 days after filing	Art Man	
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	will not be	listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the ea	riler of:
ted June 24th . 2015		
Signature of a member or authorized representative of a member		
I I Promise as a manufact of administrative of a distinct		

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