Florida Department of State Division of Corporations Elautionic Filling Coxer Sheet

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		Division of Corporations			
<u>a.</u>	, sa.	Fax Number : (850)617-6383		2020	
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ပ	From:	A SACCO KLOCK DEDEZ 9 NITETO	n 1	()	
3	•	Account Name : RASCO KLOCK PEREZ & NIETO,	P.L.	<u>.</u>	
2		Account Number : 104076000124			
2020	•	Phone : (305)476-7100		7	
		Fax Number : (305)476-7102		$\ddot{\Sigma}$	
			, <u></u> ,	rs	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	abazo(a)rascoklock.com	-
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2727 INVESTMENTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	4.) 2020
The Articles of Organization for this Limited Liab Florida document number L15000065069	ility Company were filed on 04/14/2015	andiassigned
This amendment is submitted to amend the follow:	ing:	P. P.
A. If amending name, enter the new name of th	ne limited liability company here:	PH 12: 22
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LL	C" or the abhreviation "L.L.C."
Enter new principal offices address, if applicab	le:	····
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered affice address l	istered office address on our records, <u>ente</u> here:	r the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addre	7.55
		orida

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.

 2020-12-01 16:15:18 EST

13056752347

From: Melissa Soy

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MICHEL DUFFAU	2555 PONCE DE LEON BLVD SUITE 600	□Add
		CORAL GABLES FL 33134	=Remove
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	date but not s	m effective t	ime, at 12:0	l a,in, on the	earlier of: (b)	The 90th day	atler the	
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ord is filed.		2020)				
Dated	Signature of an	Z)				