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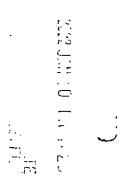
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A. BUTLERJAN 18 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
	NERS PROPERTY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IODKO ALEJANDRO		
		Name of Person	
	CIP PARTNERS PROPER	RTY, LLC	
		Firm/Company	
	9724 N. ARMENIA AVE.	SUITE 300	
		Address	
	TAMPA, FL 33612		
		City/State and Zip Code	
	ARTURO@ARJEN.NET E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	·	
ARTURO GIAMMUGN	IANI	813 767-1814	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	77	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or	
	222 1211 10 1 1 1 2
CIP PARTERS PROPERTY LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	to de la FL
ne Articles of Organization for this Limited Liability Company were filed on $\frac{04}{2}$	/28/2015 and assigned
orida document number L15000075056	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company he	<u>ere</u> :
e new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	<u> </u>
ter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:	ecords, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	rida street address
	, Florida 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 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>	Address	Type of Action
AMBR	Cholakian, Marcelo Ruben	20801 BISCAYNE BLVD. SUITE 306	
		AVENTURA, FL 33180	≣Remove
			□ Change
AMBR A	Aragunde Sineiro, Encarnacion V.	20801 BISCAYNE BLVD. SUITE 306	= Add
		AVENTURA, FL 33180	□Remove
			□ Change
			□ Remove
			□Change
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			□Remove
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ffecti	ve date, if other than the date of filing:
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ocume	ent's effective date on the Department of State's records.
racar(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
l is file	
,	
ated _	December 30
	Though at the de
	Signature of a member or authorized representative of a member
	ARTURO GIAMMUGNANI

Filing Fee: \$25.00