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(Re	equestor's Name)	
(Ad	dress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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eud ie <i>c</i> a		ies Acquisitions LLC		
SUBJECT	l: <u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
	·	Jorge L. Lopez-Garcia		
			Name of Person	
		Jorge Luis Lopez-Garcia, l	P.A.	
		·	Firm/Company	
		1450 Madruga Ave Ste 40	8	
			Address	
		Coral Gables, FL 33146		
			City/State and Zip Code	
		jorge@lopezgarciapa.com		
For further	information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
Lettycia R	l. Garcia		305 630-3946 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	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:

TO:

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

LG Properties Acquisitions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 18, 2015 _ and assigned Florida document number ______L1500087900 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 authors late. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	Lazaro Garcia	9220 SW 72 St, Ste 203	■ Add
· <u> </u>		Miami FL 33173	Remove
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(If an effective date Note: If the date	if other than the d is listed, the date must e inserted in this bloc ctive date on the Dep	ne specific an k does not i	d cannot be prio meet the applic	cable statutory fi	r more than 90 days	optional) safter filing.) Pursuant to 6 s, this date will not be li	05.0207 (3 sted as th
the record spe The 90th da	cifies a delayed ay after the reco	effective o	date, but no	ot an effectiv	e time, at 12:	01 a.m. on the ear	lier of:
Dated July	23		2018	·			
	7/	/ .		-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00