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Amend

MAY 1 0 2019 I ALBRITTON

COVER LETTER

ro:		ration Se n of Cor	ction porations	.*	
SUBJE	~~~		PITAL LLC		
, obje	C1		Name of Lim	ited Liability Company	
The enc	losed Ar	ticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all	correspo	ndence concerning this matter	to the following:	
			KIMBERLY MARENCO		
			DIFALCO & FERNANDI	Name of Person EZ, LLLP	
			777 BRICKELL AVE., SU	Firm/Company JITE 630	
			MIAMI, FL 33131	Address	
			KMARENCO@DIFALCO	City/State and Zip Code FERNANDEZ.COM	
			E-mail address: (to be used for future annual repo	rt notification)
or furt	her infor	mation co	oncerning this matter, please ca	all:	
KIMBE	ERLY M	ARENCO)	305 569-98	00
	_	Name of	Person		aytime Telephone Number
Enclose	d is a che	eck for th	e following amount:		
■ \$25	.00 Filing	g 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: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T	0
ARTICLES OF O	ORGANIZATION
	OPERGANIZATION Invasit now appears on our records. Liability Company) were filed on 01/15/16 and assigned
AIRES CAPITAL LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.)
(A Florida Ellilled)	Chability Company,
The Articles of Organization for this Limited Liability Company	were filed on 01/15/16 and assigned
Florida document number L16000010711	"
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	104 CRANDON BLVD.
(Principal office address MUST BE A STREET ADDRESS)	SUITE 100
	KEY BISCAYNE, FL 33149
Enter new mailing address, if applicable:	104 CRANDON BLVD.
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 100
	KEY BISCAYNE, FL 33149
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	GARCE E ROTALD MECCE (IGALESS)

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.

Cin

, Florida

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	EDUARDO C SAVASTANO	104 CRANDON BLVD.	
	_		Add
		SUITE 100	
			□ Remove
		KEY BISCAYNE, FL 33149	5 Cl
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		 -	☐ Remove
			Change
		<u></u>	Add
			□ Remove
			Change
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an ef Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	APRIL 25 2019
	Signature of a member or authorized representative of a member
	EDUARDO SAVASTANO
	Typed or printed name of signee