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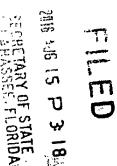
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COVER LETTER

Registration Section

Division of Corporations

→ MAILING ADDRESS:

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: MAFA 9335 Investment LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robinson Afanador Name of Person	
MAFA 9335 twestment CLC	
Firm/Company	
10260 CW 126 OF	
12253 SW 125 CT	
Hiami Fl 33 136	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (786), 470 7908 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
Certificate of Status Certified Copy Certificate of Status	&
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)

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

(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L 160000</u> Z 4	ility Company were filed on 02 04 2016 and assigned
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	TATE ORIDA
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the no e address here:
Name of New Registered Agent:	Alvaro Delgadillo L'opera 8530 NW 66 ST
New Registered Office Address:	8530 NW 66 ST Enter Florida street address
-	Miamu Florida 33166 City Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:

11 1 - Ox 02.16

If Changing Registered Agent, Signature of New 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 **Type of Action** <u>Address</u> Title Title <u>Name</u> 8530 NW 665T Miami, F Alvaro Delgadillo AMBR ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove رتی ထ _□ Remove ☐ Change

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Filing Fee: \$25.00