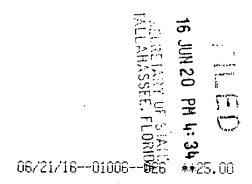
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(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
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COVER LETTER

		ation Section of Corpo			¥		
CHID IECT		NO REAL	ESTATE INVESTMENTS,	rrc			
Name of Limited Liability Company						-	
The enclos	sed Art	icles of An	nendment and fee(s) are sub	nitted for filing.			
Please retu	urn all d	correspond	ence concerning this matter	to the following:			
			RAUL C SANTAMARIA	VILLACIS			
			14 17 A	Name of Person		 '	
		•					
				Firm/Company			
			1313 PONCE DE LEON B	SLVD SUIT # 201			
	Address						
			CORAL GABLES, FL 331	34			
				City/State and Zip Code			
		_	MRIVERO@MLRIVERO			_	
		•	E-mail address: (1	o be used for future annual rep	ort notification)		
For further	r in fo rr	nation con	cerning this matter, please or	all:			
MANUE	L RIVE	ERO		305 443-8			
		Name of Po	erson	Area Code	Daytime Telephone Num	ber	
Enclosed i	is a che	ck for the t	following amount:				
\$25.00	0 Filing	g Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &		Filing Fee,	
			Certificate of Status	Certified Copy (additional copy is enclos	ed) Certifi	icate of Status & led Copy mal copy is enclosed)	

MAILING ADDRESS: 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

SANO REAL ESTATE INVESTMEN	,	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on MARCH 03,2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
SANO REAL ESTATE & INVESTMENTS LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	• • • • • • • • • • • • • • • • • • • •	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X	
		22 6 00
B. If amending the registered agent and/or	registered office address on our records, enter	the names of the nev
registered agent and/or the new registered office		SEC 0 :
Name of New Registered Agent:		
Name of New Negistered Agent.		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	
•	City	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 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 = M AMBR = A	MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action					
			Add					
			Remove					
			Change					
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Note: If	e date, if other ctive date is listed, f the date inserte nt's effective dat	d in this blo	ck does not m	eet the applic	able statutory fil	more than 90 o	_ (optional) lays after filing.) ents, this date v	Pursuant to 60 vill not be lis	5.0207 (ted as t	(3)(b) he
	ord specifies a 90th-day-afte			ate, but no	t an effective	time, at 1	2:01 a.m. c	on the earl	ier of:	
Dated _	TUNIO	13	2016		 :					
			Signatule of an	ember or author	rized representat	ve of a membe	т			

Page 3 of 3

Filing Fee: \$25.00