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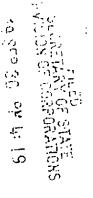
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COVER LETTER

TO: Registration S Division of Co					
	nvestment Properties LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Yamile Gonzalez			
		Name of Person			
		Rafael E Sosa, P.A.			
		Firm/Company			
	3	3971 SW 8th Street, Suite 305			
	Address				
		Miami, FL 33134			
		City/State and Zip Code			
		rsosa@sosacpa.com		, 	
	E-mail address: (to be used for future annual report notif	ication)	16 The	
For further information	concerning this matter, please concerning	all:		S 55	
		at ()		3 00 Kg	
Name	of Person	Area Code Daytime	Telephone Number	PER CAR	
Enclosed is a check for	the 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:

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

E.A.A. Inv	vestment Properties, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on05/12/2016	and assigned
Florida document number 1.16000092934		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		<u> </u>
		()
Enter new mailing address, if applicable:		() () () () () () () () ()
•		→ 1,50
(Mailing address MAY BE A POST OFFICE BOX)		- 第 次
		<u> </u>
D 16 11 Al	and office address on our mesonds	(/)
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adriana Gonzalez	10400 SW 186th Terrace	■ Add
-		Cutler Bay, FL 33157	
			Remove
			□ Change
	<u> </u>	<u></u>	Add
			Remove
			Change
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nted	Sep	20		2019 Vanile		zalez		
		Signa	iture of a pr	Ember or authori	ized representativ	re gli a mepitser		
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Page 3 of 3

Filing Fee: \$25.00