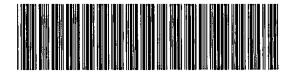
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K. SALY EXAMINER

JUL 26

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		AL ESTATE AND INVESTM	IENTS, LLC			
		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please 1	return all correspo	ndence concerning this matter	to the following:			
		DANIEL A. MILIAN, ES	Name of Limited Liability Company and fee(s) are submitted for filing. Triing this matter to the following: A. MILIAN, ESQ. Name of Person FFICE OF DANIEL A. MILIAN, P.A. Firm/Company CAZAR AVENUE, SUITE 303A Address GABLES, FLORIDA 33134 City/State and Zip Code @danleImilianlaw.com E-mail address: (to be used for future annual report notification) matter, please call: 786 Area Code Daytime Telephone Number mount: Siling Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,			
			Name of Person			
		LAW OFFICE OF DAN	IEL A. MILIAN, P.A.			
Firm/Company						
306 ALCAZAR AVENUE, SUITE 303A						
Address						
		CORAL GABLES, FLO	RIDA 33134			
			•			
		damilian@danielmilianla				
		E-mail address: (t	to be used for future annual report notific	ation)		
For furt	her information co	ncerning this matter, please ca	all:			
DANIEL A. MILIAN, ESQ.						
Name of Person		Person	Area Code Daytime T	elephone Number		
Enclose	d is a check for the	e following amount:				
S \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

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

2016.111	FIL	ED
TALLAHAS	122 /	ED PM 4:58
	SEE. FI	STATE ORID

GOA REAL ESTATE AND INVESTMENTS, 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 Liab Florida document numberL16000100364	oility Company v	vere filed on5/23/2	016	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ne limited liabil</u>	ity company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the designat	ion "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:	306 ALCAZAR AVE	ENUE		
rincipal office address MUST BE A STREET ADDRESS)		rendment is submitted to amend the following: seeding name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." we principal offices address, if applicable: Sulte 306 ALCAZAR AVENUE Sulte 303A CORAL GABLES, FLORIDA 33134	SUITE 303A		
		CORAL GABLES, FLORIDA 33134			
Inter new mailing address, if applicable:					
muning address MAT BE ATOST OFFICE DC	<u>///)</u>	CORAL GABLES, I	FLORIDA 331	34	
registered agent and/or the new registered office			records, <u>ente</u>	er the name of the nev	
	306 ALCAZAF	R AVENUE SUITE 30)3A		
New Registered Office Address:	Jince Address:			#- # TO	
	CORAL GABL	.ES	. Florida	33134	
		City	, r wrua _	Zip Code	
N D					

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>	Address	Type of Action
MGR	DANIEL A. MILIAN	306 ALCAZAR AVENUE	
		SUITE 303A	☐ Remove
		CORAL GABLES, FL 33134	☐ Change
			Add
			□ Remove
			Change
			□ Add
			ZEROVE JULINE 2
			SSEE FLORING
			Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change

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If an effe <u>Note:</u> I	ective date is listed, If the date inserte	than the date of the date must be specified in this block do no the Department	ecific and cannot less not meet the	applicable statute	ing or more than 90 dorry filing requireme	_ (optional) ays after filing.) Pu nts, this date will	rsuant to 605,0207 not be listed as
ne reco	ord specifies a	delayed effer the record is	ctive date, b s filed.	ut not an effe	ctive time, at 1	2:01 a.m. on	the eariier of
Dated _	7/15	/16					
		T			`		
		Vignati	ure of a member	or authorized repres	entative of a member	 	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00