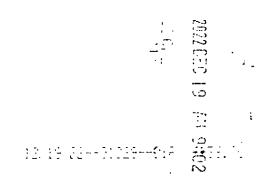


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COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Co			
NATIONAL STREET		TATE STRUCTURE INVESTM	AENTS, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		SERGIO PORRAS		
			Name of Person	
		PORRAS AND COMPAN	FY, PA	
			Firm/Company	7622
		169 EAST FLAGLER STE	REET, STE 800	7.0E0
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		PORRASCOMPT@AOL.C		
		E-mail address: ()	to be used for future annual report notification)	
For furthe	a information c	concerning this matter, please ca	ill:	
SERGIO	PORRAS		305 577-8589	
	Name o	of Person	Area Code Daytime Teleph	one Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
! [Mailing Addres Registration 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE STRUCTURE INVESTMEN				
(<u>Name of the Limited Liability</u> (A Florida	y Compan Limited Li	y as it now appears on our r ability Company)	ecords.)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{116000101418}{116000101418}$	ompany v	were filed on MAY 24, 20)16 	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liabil	ity company here:		
The new name must be distinguishable and contain the words "Limit	ited Liabili	ty Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		1300 BRICKELL BAY I	DRIVE, UNIT 300)5
Principal office address MUST BE A STREET ADDR.	ESS)	MIAMI, FL 33131		ုံ ခို
		<u>.</u>	· ·	10
				. 19
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1300 BRICKELL BAY I	DRIVE, UNIT 300)5
		MIAMI, FL 33131		<u> </u>
			. 1	(C)
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:				of the new regist
New Registered Office Address: 1300 B	BRICKEL	L BAY DRIVE, UNIT 300 Enter Florida street o		
MIAM	11			1
1717 (1717		Litte	Florida	Zin Cade

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 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	RAMBLA, SAS	1300 BRICKELL BAY DRIVE, UNIT 3005	🗏 Add
		MIAMI, FL 33131	□Remove
			□Change
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		···	□ Change
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ective date, if other than the da effective date is fisted, the date must be	ete of filing:	(optional of the property of the control of the con	onal) Glina i Possici	ታ ኤ. <u>ራ</u> ስኝ ስንደ
e: If the date inserted in this block	c does not meet the applicable sta	atutory filing requirements, thi	s date will not	be listed a
ument's effective date on the Depa	rtment of State's records.			
cord specifies a delayed effective d	ate, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th d	lay after the
filed.		·		•
DECEMBER 09	2022			
DECEMBER 09				
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	anature of a member or authorized re			

Filing Fee: \$25.00