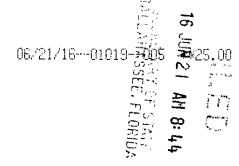
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

CORPORATE NAME)		Property Investments I LL				
2.	(CORPORATE NAME)	(DOCUMENT #)				
3.	(CORPORATE NAME)	(DOCUMENT #)				
	Walk-In Pick up time:	Certified Copy				

New Filings
Profit
Non-Profit
Limited Liability
Other:

×	Amendments
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	Resignation
	Dissolution/Withdrawal
	Other:

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	Fictitious Name
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	Other:

Examiners	Initials		
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CORAL GABLES PROPERTY INVESTMENTS I 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 Liability Company were filed on \_\_\_\_\_06/07/2016 and assigned Florida document number \_\_\_\_\_16000110312 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 250 GIRALDA AVE Enter new principal offices address, if applicable: CORAL GABLES, FL 33134 (Principal office address MUST BE A STREET ADDRESS) 250 GIRALDA AVE Enter new mailing address, if applicable: CORAL GABLES, FL 33134 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter: the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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	ARTURO RODRIGUEZ	1000 PONCE DE LEON BLVD	
	•	STE: 105	■ Remove
		CORAL GABLES, FL 33134	☐ Change
MGR	JUAN PUIG	250 GIRALDA AVE	■ Add
		CORAL GABLES, FL 33134	☐ Remove
			☐ Change
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