

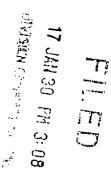
(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Co			
CUDIC		OPERTY INVESTMENTS, LI	_c	
SUBJE	CT:		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		GIUSEPPINA LATINO		
			Name of Person	
		FAGV PROPERTY INVE	ESTMENTS, LLC	
			Firm/Company	
		6803 NW 107 PLACE		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		GIUSELADA@HOTMAII		
		E-mail address: (to be used for future annual report noti	fication)
For furti	her information o	concerning this matter, please c	all:	
GIUSE	PPINA LATINO	•	at ()	
	Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAGV PROPERTY INVESTMEN			
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited L. Florida document number 1.16000114468		on 06/15/2016	and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name of	f the limited liability compa	any here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company	"the designation "LLC" or	the abbreviation "Fig. C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ETADDRESS)		ا الله الله الله الله الله الله الله ال
			2. Og
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, g	nter the name of the new
registered agent and/or the new registered t	mice address here.		
Name of New Registered Agent:	GIUSEPPINA LATINO		-
New Registered Office Address:	6803 NW 107 PLACE		
	E	iter Florida street address	
	DORAL	, Florid	da <u>33178</u>
	City		7in 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

Page 1 of 3

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	GIOVANNA RIZZA	6803 NW 107 PLACE	□ Add
		DORAL, FL 33178	Remove
			Change
MGR	GIUSEPPINA LATINO	6803 NW 107 PLACE	Add
		DORAL, FL 33178	Remove
			☐ Change
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			Remove Charles
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	date of filing: January 09, 2017 the specific and cannot be prior to date ock does not meet the applicable state appropriate of State's records.	of filing or more than 90 days atutory filing requirements	after filing) Pursuant to 60:	5.0207 (3)(t led as the
e record specifies a delayed The 90th day after the reco	l effective date, but not an e ord is filed.	iffective time, at 12:0	01 a.m. on the earll	er of:
ated January 09,	, 2017			
X Slate	Signature of a member or authorized re	prosperiative of a mamba-		

Page 3 of 3

Filing Fee: \$25.00