## Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INVESTMENTS 1319, LLC**

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July 24, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

INVESTMENTS 1319, LLC 999 PONCE DE LEON BLVD., STE. 705 CORAL GABLES, FL 33134

SUBJECT: INVESTMENTS 1319, LLC

REF: L16000140501

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Jenna D Harris Regulatory Specialist II FAX Aud. #: E17000191909 Letter Number: 317A00014880

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENTS 1319, LLC				
(Name of the Limited Liab (A Flori	itity Company a ida Limited Liabi	at now appears on our renty Company)	eenrds.)	
The Articles of Organization for this Limited Liability Florida document number Li600014050i	Company wei	e fil <b>ed o</b> n 7/28/2016	<del></del>	and assigned
	<del></del> '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability	company here:		
The new name must be distinguishable and contain the words "Li	imited Usbility C	ompany," the designation	"LLC" or the abb	revision "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST RE A STREET ADD	ORESS)			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	-			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		address on our re-	cords, enter t	he name of the nev
Name of New Registered Agent:			· · · · · ·	
New Registered Office Address:				
		Entar Florida street a	ddreiis	
		<u> </u>	_, Florida	5
	•	Gity		Zip: Code
New Registered Agent's Signature, if changing Register	red Agent:			:-
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered to being filed to merely reflect a change in the register company has been notified in writing of this change	complete per agent as prov red office ada	formance of my dutie ided for in Chapter (	is, and I am fa 505, F.S. Or, ij	miliar with and f this document is
	If Changian	Registered Agent, Signa	turn of New Beer	intered Agent
	ii Anarsiof	, respective where single		

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If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each pe	rson being added
or removed from our records:		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIELA GRILLO FERREIRA	999 PONCE DE LEON BLVD	
		SUITE 70S	≅ Remove
		CORAL GABLES, FL 33134	□ Change
			□ Remove
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