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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 6),7-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076 : (305)388-7028 : (305)479-2705 Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOTA R INVESTMENT LLC

Certificate of Status 0 Certified Copy 0 Page Count 03 \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

DEC 28 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MOTA R INVESTMENT LLC			
(Name of the Lim	ited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)		
he Articles of Organization for this Limited 1	Liability Company were filed on08/16/201	6	_ and assigned	
Florida document number L16000153224				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company here:			
· N/A		- **		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if appli	cable:	7.77	Si Ti	
Principal office address MUST BE A STRE		AS, TAF	ing Property	
		ान. . শ		
	-	ES	D _	
Enter new mailing address, if applicable:		ORI	₩	
Mailing address MAY BE A POST OFFICE	BOX	→	ហ	
3. If amending the registered agent and egistered agent and/or the new registered of		cords, <u>enter th</u>	g name of the	
Name of New Registered Agent:				
New Registered Office Address:	F . 12'			
	Enter Florida street address			
	Circ	_, Florida	7:- 0.4.	
	Ciŋ [,]		Zip 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

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
MGRM	JOSE ARTURO MOTA	7951 RIVIERA BLVD	□ Add
		SUITE 210	■ Remove
		MIRAMAR, FL 33023	☐ Change
MGRM	JOSE ARTURO MOTA REYES	7951 RIVIERA BLVD	■ Add
_		SUITE 210	□ Remove
		MIRAMAR, FL 33023	☐ Change
			□ Remove
			Change
			☐ Add
			☐ Remove
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			□ Add
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			Change
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			Change Change

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12/27/2016		
ective date, if other than the date of filing: Effective date is listed, the date must be specific and cannot be prior to date of filing or mo	(optional) re than 90 days after filing.) Pursuant	to 605.I
e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	requirements, this date will not l	be listed
record specifies a delayed effective date, but not an effective til	me, at 12:01 a.m. on the	earlie
ne 90th day after the record is filed.		
. 12/27/2016		
ed	ru en	
TOR A Moter T	Reyes E	.11
Signature of a member or authorized representative of	of a member	
JOSE ARTURO MOTA REYES	RY OF YES	m
Typed or printed name of signee	= 7	
	9 7 =	_