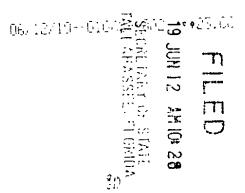
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JUN 25 2019

T SCHROEDER

## COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

SUBJECT: POTRERO INVESTMENTS LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
MIGUEL LOUTICE IIA
POTRERO INVESTMENTS LLC
12201 SUU 64th 5th
Market and Zip Code
POTEROINVES-MENTS (a CIMCUT COM E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Franco Lauricella at (786) 8630180  Name of Person at (786) Beginne Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section

Tallahassee, FL 32301

Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POTRERO INVE	$\sim$ $\cdots$ $\sim$ $\sim$	as it now appears on our r	ecords.)		
The Articles of Organization for this Limited L. Florida document number 11600	iability Company w	ere filed on $08/1$	<u>B/201</u>	.6 and assi 16.1	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liabili	y company here:			
The new name must be distinguishable and contain the we Enter new principal offices address, if application of the address MUST BE A STREE	able:	Company," the designation	"LLC" or the i	abbreviation "L.L.	c."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			SLUPLING TALLAHASS	19 JUN 12
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		re address on our red	cords, <u>enter</u>	3180 3181	 ≥ iT
New Registered Office Address:	12201 5	W 64th 5+			
	<u> </u>	Enter Florida street e	address		
	MICIMI		_, Florida _	3318	33_
		City		Zin Coda	

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

Title Name. <u>Address</u> Type of Action Franco Laurcella 1220150164th St bbA/**K**L\_ <u>miami</u> FL 33183 □ Remove \_□ Change □ Add ☐ Remove Removed 100 Change 200 .<sup>∓</sup>□ Add \_□ Remove ☐ Change \_□ Remove □ Change □ Add ☐ Remove

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			Typed or	printed name of sig	aice		-

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Filing Fee: \$25.00