## 116000217461

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## COVER LETTER

SUBJECT		INVESTMENT PROPERTIES,	LLC	
SUBJECT	ı:	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all corres	pondence concerning this matter	to the following:	
		Name of Person Area Code Daytime Telephone Number  check for the following amount:		
			Name of Person	
		PATONE INVESTMENT	PROPERTIES, LLC	
		<del></del>	Firm/Company	<del></del>
		4126 NW 21ST STREET		
			Address	
		LAUDERHILL, FL 33313		
			City/State and Zip Code	
		picomanpico@me.com		
		E-mail address: (	to be used for future annual repo	ort notification)
For further	r information	concerning this matter, please ca	all:	
PATRICK	CMARIE			008
	Name	of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check for	the following amount:		
	) Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
-	Regi Divis P.O.		Registration Division of Clifton Buil	Section Corporations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATONE INVESTMENT PROPERTIES, LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company wo Florida document number L16000217461	ere filed on 11/30/2016 and ass	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L	L.C.D	
Enter new principal offices address, if applicable:	<b>~</b>	. <u>580</u> 880 88	
Principal office address MUST BE A STREET ADDRESS)		= = = = = = = = = = = = = = = = = = =	
_	<u>ن</u>		
Enter new mailing address, if applicable:	<del></del>	STATE ON	
(Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>	<u> </u>	
<u>-</u>			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name	of the ne	
Name of New Registered Agent:			
New Registered Office Address:		<u></u>	
	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.

Cin

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	O'NEIL M. WOODSTOCK	4987 N UNIVERSITY DR. STE 21	<b>=</b> Add
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			□ Remove
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f an effec <u>Note:</u> - If	e date, if other than the date of filing:		
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earli	ier of
Dated	19/10/ 2018 19/11/1/ e ( Lugser e		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00