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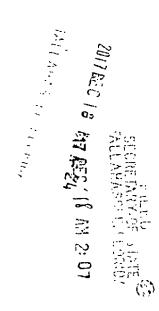
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COVER LETTER

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CUBICT	RPI Drive M	lanager LLC		
SUBJECT:			ited Liability Company	
The enclosed	I Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Rodrigo Azpurua		
Name of Person RPI Drive Manager LLC Firm/Company 2750 SW 145 Avenue, Suite 106 Address Miramar, Florida 33027 City/State and Zip Code janeth@rivierapmo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janeth Zapata at (
			-	Firm/Company
		2750 SW 145 Avenue, Sui	te 106	
			Address	
		Miramar, Florida 33027		
			City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	nil:	
Janeth Zapa	ta		305 433-2397	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RPI Drive Manager LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited L Florida document number <u>L16000218861</u>	iability Company	were filed on 12/02/2016	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2750 SW 145 Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Suite 106	7 AL
		Miramar, Florida 33027	033 Var
Enter new mailing address, if applicable:		2750 SW 145 Avenue	AN A
(Mailing address MAY BE A POST OFFICE BOX)		Suite 106	<u>N 0 %</u>
		Miramar, Florida 33027	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	2750 SW 145 .	Avenue, Suite 106	
		Enter Florida street addres	22.
	Miramar	, FI	lorida <u>33027</u>
		City	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
MGR	Miami Agora LLC	2750 SW 145 Avenue, Suite 106	■ Add
		Miramar, Florida 33027	Remove
			Change
			Add
			Remove
			Add
			Remove
			Change
			
			Remove
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			□ Remove
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(If an eff Note:	ve date, if other than the date of filing: 12/08/2017 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	nt to 605.0207 t be listed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
Dated	December 8th 2017	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00