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TALLAHASSEE FLORIDA

J. LEGGETT MAR 0 6 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		ENT MIAMI USA LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		,		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Teresa P Sierra		
			Name of Person	
		Investment Miami USA L	LC	
660		Firm/Company		
	6604 Tarrega Street			
			Address	
		Coral Gables, FL 33146		
			City/State and Zip Code	
		sierrarealty 10@gmail.com E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	all:	
Teres	a P. Sierra		305 528-5845	
	Name o	f Person		: Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Investment Miami USA LLC			
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia	bility Company	were filed on 12/16/2016	and assigned
Florida document number L16000227875	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lial	bility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designation "LLC	"C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			. 7.0 8
(Mailing address MAY BE A POST OFFICE BOX)			
			5 5 B
			(f) U
B. If amending the registered agent and/o			is, enter the name of the new
registered agent and/or the new registered off	ice address he	<u>re</u> :	\$ 5
			5
Name of New Registered Agent:		ANI	
New Registered Office Address:			
		Enter Florida street addre	SS
		, F	lorida
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Teresa P. Sierra	6604 Tarrega St Coral Gables	■ Add
			Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
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			☐ Change
			Add
			☐ Remove
			□ Change

F) 60	
(If an ei	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
docur	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) ine	90th day after the record is filed.
	1 M aser 2, 29/18 1. // 1.
Dated	
Dated	Validadi ida
Dated	Myyryk
Dated	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00