Note: Please print this page and use it as a cover sheet. Type the fax audit number ... (shown below) on the top and bottom of all pages of the document.

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To:

Page, 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone : (305)358-1310

: (305)503-6701

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

Email	Address:	modes Escapera	·
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AITN REAL ESTATE & INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AITN REAL ESTATE & INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	/ were filed on 01/13/2017	and assigned
Florida document number L17000009190		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
agent and/or the new registered office address nere:		·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	· · · · · · · · · · · · · · · · · · ·	orida
	Cirv	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 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
AMBR	Vanesssa Ventura Trindade	175 SW 7th STREET SUITE 1515	□ Add
		MIAMI, FL 33130	<b>■</b> Remove
			(] Change
AMBR	MAURO PALOMBO CONCILIO	175 S.W. 7TH STREET, SUITE 1515	<b>≘</b> Add
		MIAMI, FL 33130	□Remove
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	•		Change

Page: 5 of 5

ALFREDO IGNACIO TRINDADE	NETTO	AUTHORIZED MEMBER		0%
MAURO PALOMBO CONCILIO		AUTHORIZED MEMBER	50	0%
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tive date, if other than the date of Tective date is listed, the date must be spec	f filing:	e prior to date of filing or more than	(optional) 90 days after filing	( j.) Pursuant to 605.(
If the date inserted in this block doe nent's effective date on the Departme	s not meet the	applicable statutory filing requir	ements, this date	: will not be liste
rd specifies a delayed effective date, tilled.	out not an effec	tive time, at 12:01 a.m. on the e	arlier of: (b) Th	ne 90th day after
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