Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BARBOSA LEGAL Account Number : 120110000049 : (305)501-4680 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVEST COMMERCIAL PROPERTIES LLC

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COVER LETTER

	Registration Sec Division of Corp			
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SORTEC	.1: <u></u>	Name of Limi	ted Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter (to the following:	
		Erika Kitaoka da Silva		
		COMMERCIAL PROPERTIES LLC Name of Limited Liability Company I Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: Erika Kitaoka da Silva Name of Person Barbosa Legal Firm/Company 407 Lincoln Road, PH-NE Address Miami Beach, FL33139 City/State and Zip Code assistant@barbosalegal.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (Area Code Daytime Telephone Number the following amount: \$\Begin{array} \text{S00.00 Filing Fee.} \text{Certified Copy tadditional copy is enclosed} \text{Certified Copy tadditional copy is enclosed} \text{Certified Copy tadditional copy is enclosed}		
		Barbosa Legal		
			Finn/Company	
		407 Lincoln Road, PH-NE		
			Address	
		Miami Beach, FL33139		
			City/State and Zip Code	
		Erika Kitaoka da Silva Name of Person Barbosa Legal Firm/Company 407 Lincoln Road, PH-NE Address Miami Beach, FL33139 Ciry/State and Zip Code assistant@barbosalegal.com E-mail address: (to be used for future annual report notification) nformation concerning this matter, please call: and a Silva 305 501-4680		
				canony
For furth	ier information c	oncerning this matter, please ca	all:	
Erika K	itaoka da Silva			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration		Street Address: Registration Sec	tion

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassec, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H200003465973)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVEST COMMERCIAL PROPE	RTIES LLC				
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on our recor iability Company)	ds.)		
The Articles of Organization for this Limited L	iability Company v	were filed on 02/07/2017	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company here:			
N/A					
The new name must be distinguishable and contain the	vords "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		407 Lincoln Road, PH-NE			
(Principal office address MUST BE .4 STREE		Miami Beach, FL33139			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		407 Lincoln Road, PH-NE Miami Beach, FL33139			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	ddress on our records, ente			
Name of New Registered Agent:	Barbosa Legal		ne p		
New Registered Office Address:	407 Lincoln Ro	ad, PH-NE Enter Florida street addre	100 9 28		
	Miami Beach,	, F	lorida 33139		
		Ciţv	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.

/S/Julio-Barbosa

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			Change
			□Remove
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Effective date, if other than the difference of the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be ck does not meet the a	prior to date of film pplicable statutory	g or more than 90 days	s after tilling.) nursualit to	605.0207 isted as
e record specifies a delayed effective rd is filed.	date, but not an effect	ive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day a	Ner the
Dated October 05	, 2020	·			
	/S/Lopo A. de Ca	ustro			
	/S/Lopo A. de Co Signature of a member or		ntative of a member		

Filing Fee: \$25.00