L17000089261

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





30034384740

05/04/20--01015--010 *

COCOLIN A HILLONDO



COVER LETTER

TO: Registration S Division of Co			•	•
Grupo Inv	versor Miami LLC			á
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jorge L Cruz			_
		Name of Person		
	Global Incorporation Serv	ices LL.C		
		Firm/Company		_
	1000 brickell Ave Suite 42	20		
		Address		_
	Miami, Florida 33131			
		City/State and Zip Code	-	-
	clientrelations@delavegaje	wett.com		
	E-mail address: (to be used for future annual report	notification)	
For further information	concerning this matter, please c	all:		
Jorge L Cruz		305 3721004	4 Ext 211	
Name	of Person		lytime Telephone Numbe	 er
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addra		Street Addres		
Registration Section Division of Corporations		Registration Division of	Section Corporations	
P.O. Box 6327			of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RTICLES OF ORGANIZATION OF 2020 MAY -4 AM 10: 35

Grupo Inversor Miami LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 04/21/2017 The Articles of Organization for this Limited Liability Company were filed on ____ and as: Florida document number _____L17000089261 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 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 address on our records, enter the name of the nev agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilicompany has been notified in writing of this change.

City

_, Florida ___

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
MGR	Damian Jose, Acosta Martin	Comandante Piedra Buena 3242	🗆 Ać
		Olivos Buenos Aires AR	≡ Re
MGR	Martin D. Acosta	Comandante Piedra Buena 3242	≅Ad
		Olivos Buenos Aires AR	□Reı
			□ Ch:
MGR	Ruben, Astrada Leonardo		□Ad
		9595 Collins Ave Surfside, Fl 33154	■Rei
			□Chi
MGR	Leonardo R. Astrada	9595 Collins Ave Surfside, Fl 33154	= Ađ
			□Rer
			□Ch;
			\ \ Ad-
			□Rer
			□Chí
			□Ad
			□Rei
			∏Cl _v

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note: 1	ve date, if other than the date of filing:
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and
Dated _	04/28/2020
	Signature of a member or authorized representative of a member
	Jorge L Cruz Typed or printed name of signee

Filing Fee: \$25.00