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COVER LETTER

TO:	Registration Sc Division of Cor						
CUBI		STOR, LLC					
SUBJE	.C1:	Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Bibi Ruiz					
		Bryn & Associates	Name of Person				
		2 South Biscayne Blvd. Su	Firm Company uite 2600				
		Miami, FL 33131	Address				
		bibi@markbryn.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report not	ification)			
For furt	her information c	oncerning this matter, please co	all:				
Bibi Ru	ıiz		305 374-0501				
	Name o	f Person	at () Area Code Daytin	ne Telephone Number			
Enclose	ed is a check for th	ne following amount:					
■ \$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

5200 INVESTOR, LLC

JEOU INVESTOR. LEC		
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our reco Limited Liability Company)	<u>erds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>04/25 2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE <u>A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable:		17.41 10.5182 10.6182
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	tered office address on our recor	ds, enter the name of the ne
registered agent and/or the new registered office addr	ress here:	28 B
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	
	City	F lorida 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BISCAYNE MANAGER, LLC	2 South Biscayne Blvd. Suite 2600 Miami, FL 33131	
			□ Remove
	Mark Bryn		Change
MGR			
		2 South Biscayne Blvd, Suite 2680 Miami, FL 33131	■ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			Remove
			☐ Change

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Note: If the date inserted in the	the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 his block does not meet the applicable statutory filing requirements, this date will not be listed a he Department of State's records.
he record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier record is filed.
Dated October 15	2019
	B 1/
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00