Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : 120070000148

Phone : (305)671-0003

Fax Number

: (305)671-6263

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

Email Add	iress:	
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NINVESTMENT	_			_		
(Name of the Litte	ited Linbility Comp (A Florida Limited	pany d Liπ	as it now appears of lity Company)	on our records.)			
The Articles of Organization for this Limited 1	_iability Compan	ıy w	ere filed on MA	Y 5, 2017	aı	ad assig	ned
Florida document number L17000099444						•	,
This amendment is submitted to amend the fol			٠.				
A. If amending name, enter the new name of	nf the limited lia	bilit	y company here	<u>:</u> :			
N/A	•						
The new name must be distinguishable and contain the	words "Limited Liab	bility	Company," the des	ignation "LLC" or the	abbreviati	on "L.I.	C."
Enter new principal offices address, if appli-	cable: `	-	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)	-	5.17				
		٠.		<u> </u>			
Enter new mailing address, if applicable:		÷"_	N/A		···		
(Mulling address MAY BE A POST OFFICE	BOX)	_			24. p. s		
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B. If amending the registered agent and registered agent and/or the new registered of				our records, <u>ente</u>	r the n	ame, of	the new
			and A ·				1
Name of New Registered Agent:	N/A					***	Ta section
New Registered Office Address:					78. 18.	City City	
	<u></u>		Enter Florid	a street address			
			· · · · · · · · · · · · · · · · · · ·	, Florida .			
			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, 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
MGR	DEL CORAL, ALEJANDRO	9100 SOUTH DADELAND BLVE	□ Add
		STE 912	Remove
		MIAMI, FL 33156	Change
MGR	DEL CORRAE, ALEJANDRO	9100 S. Dadeland Blvd, Ste 912	
		Miami, FI. 33156	
			Remove
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record specifies a delayed effective date, the 90th day after the record is filed.	out not an	effective tim	ie, a t 12:01 a	.m. on the e	earlier	C
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Signature of a member	- تحتفر					

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