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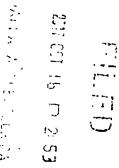
(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Co	rporations		
SUBJECT: M	OTTROA INVE	STMENTS LLC	
	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
		DAVIER MOTT	<u>+</u>
		Name of Person	
		Firm/Company	
	175 SW	3TH ST #220 Address	I
	MIAMI	FL 33130 City/State and Zip Code ITAT REALTY GROUP. Co	- 1
		City/State and Zip Code	
	JAMOTTA (HAB	ITATREALTY GROUP. Co	om E
For further information	concerning this matter, please ca	all:	M (27 65 16 P)
JAYIER	MOTTA	at 786, 521-8	7144
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	City/State and Zip Code ITAT REALT Y GROUP. Coto be used for future annual report notific all:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

MOTTROA			TTC.				
(Name of the Limite	e <mark>d Liability Compa</mark> A Florida Limited I	ny as it now apy Jability Compar	p <u>ears on our re</u> ly)	cords.)		·	
The Articles of Organization for this Limited Lic	ability Company	were filed on	10/12/	12017	ar	nd assigned	i
This amendment is submitted to amend the follo							
A. If amending name, enter the new name of	the limited liab	ility company	<u>y here</u> :				
MOTTROA INV	EST MENT	s uc					
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," t	he designation "	LLC" or the	abbreviati	on "L.L.C."	
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)		N/A	52		- · · · ·	· =	
					_		
Enter new mailing address, if applicable:		N/A					
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>						
					277		
B. If amending the registered agent and/o registered agent and/or the new registered off			on our rec	ords, <u>enter</u>	7	amerof th	ie new
Name of New Registered Agent:	N/A			, and a	ਰ ਹ		
New Registered Office Address:				<u>-</u> .	<i>i</i> 5	/	
New Registered Office Address.		Enter	Florida street ad	ldress	(3		
				. 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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				B Remove
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ctive date, if other than the date of filing	:		_ (optiona	n 🕾	7
effective date is listed, the date must be specific and : If the date inserted in this block does not many the date inserted in this block does not many the department of State on the State on the Department of State on the Department of State on the State on the State on the Department of State on the State	eet the applicable statt	filing or more than 90 of itory filing requirement	lays after filir ents, this da	ig.).Pursu ie Will no	ant to 605.0 ot be listed
ecord specifies a delayed effective do e 90th day after the record is filed.	ate, but not an eff	ective time, at 1	2:01 a.m	. on th	e earlier
10/13/2017					
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Page 3 of 3

Filing Fee: \$25.00