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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: ,	Registration Se Division of Cor			
CHDIE	CT.	YTY FL	Investments LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
			Matt Jelinek	
			Name of Person	
		Metr	opolitan Property Group FL	
			Firm/Company	. 17 MT
		23	312 Wilton Drive Suite 14C	
			Address	
			Wilton Manors, FL 33305	
			City/State and Zip Code	
			finance@mpgfl.com	
			o be used for future annual report r	notification)
For furth	ner information co	oncerning this matter, please ca	ill:	
Matt Jelinek			606 843-4	1648
	Name of	Person		time Telephone Number
Enclosed	d is a check for th	e 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

	Y FL Investments LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		20 C.W.
			ARE A
			SSE SSE
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			S TA1
	-	. <u> </u>	3 ⊕ ∏
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	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	PELES, ALON	2312 Wilton Drive	
	. ——————————————————————————————————	Wilton Drive, FL 33305	■ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
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				02/06/	18			
If an effective of Note:	te, if other than date is listed, the date date inserted in thi effective date on the	must be specific a s block does no	and cannot be pri t meet the appl	or to date of filin icable statutory	ig or more than 9	(optional) 0 days after filing. ments, this date) Pursuant to will not be	605.0207 listed as
ne record s The 90th	specifies a dela day after the i	yed effective record is file	e date, but r d.	ot an effect	tive time, at	12:01 a.m.	on the ea	ırlier of
Dated	February 6th		2018					
			-11 K[<i>)</i> -			

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Filing Fee: \$25.00