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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2020 APR 27 PM 1: 1 Secretary of State

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COVER LETTER

Registration Section **Division of Corporations**

SUBJECT:		cia Sponsor, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Kenneth R. Florio				
		Name of Person				
		Goodkind & Florio, P.A.				
		Firm/Company				
		12861 SW 68th Avenue				
		Address				
		Pinecrest, FL 33156				
		City/State and Zip Code				
	E-mail address: (ykapoor@location.ventures to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
Kenneth	R. Florio	at (786) 7	13-5017			
Name of Person		at (<u>786</u>) 7 Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nsor, LLC		
as it now appears ility Company)	on our records.)	
ere filed on	02/07/2018	and assigned
y company her	<u>re</u> :	
Company," the de	signation "LLC" or the	abbreviation "L.L.C."
		2020 APR 2:
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Enter Flori	la etroot addroce	
imier rioric	ai sirevi taufess	
City	, Florida _	Zin Code
	as it now appears ility Company) re filed on v company her Company," the des	as it now appears on our records.) illity Company) re filed on

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 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
'AMBR	Location GP Sponsor, LLC	2665 S. Bayshore Drive, Suite 1101	= Add
		Coconut Grove, Florida 33133	□Remove
			□Change
MGR	Rishi Kapoor	2665 S. Bayshore Drive, Suite 1101	□Add
		Miami, Florida 33133	= Remove
			□Change
MGR_	Daniel Motha	2665 S. Bayshore Drive, Suite 1101	□ Add
		Miami, Florida 33133	 Remove
			⊡Change
MGR L	Luis Manuel Estrada	2665 S. Bayshore Drive, Suite 440	□Add
		Miami, Florida 33133	⊈ Remove
			□Change
MGR	Carlos Lopez	2665 S. Bayshore Drive, Suite 440	□Add
		Miami, Florida 33133	® Remove
			□Change
			□ Add
			□Remove
			□ Change

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m effecti ote: If t	date, if other than to we date is listed, the date in the date inserted in this is effective date on the	nust be specific and block does not n	d cannot be prior t neet the applica		nore than 90 days a		
is filed.					on the earlier of:	(b) The 90th day	after the
ited	April 22		. <u>2020</u>	_·			
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		Signature of a	member or author	rized representative	of a member		