

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT PR M/MG RESIGN NAER INVESTMENTS LLC

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Corporate Filing Menu

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appear. Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L18000044489</u>	ompany were filed on 02	/19/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
Inter new mailing address, if applicable:	Programme St.	
Mailing address MAY BE A POST OFFICE BOX)	ž,	
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on	our records, enter the name of the n
Name of New Registered Agent:	38	
New Registered Office Address:	Enter Floric	ia street address
		. Florida
<del></del>	City <sup>,</sup>	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

NAER INVESTMENTS LLC

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 Bogistered Agent

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BFEB 26 PH 20 THE HORLTARY OF STATE ILLAHASSEE, FLORIDA MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action Name 2750 NE 183 ST UNIT 608\_\_ Add GALVAN, EROS J **AMBR** AVENTURA, FL 33160 2750 NE 183 ST UNIT 608 \_\_ Add **AMBR** CHIESA GONZALEZ, NATALIA AVENTURA, FL 33160 2750 NE 183 ST UNIT 608 ■ Add SOBRINO, KARINA MGR AVENTURA, FL 33160 \_ Add Page 2 of 3

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D. If amending any other information, enter c	change(s) here: (Attacl: additional sheets, if necessary.)	
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		-
E. Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	ate of receipt or filed date and cannot be more than 90 days after ent of State)	
Dated FEBRUARY, 26TH	2018 M	
	A Sulland	
•	member or authorized representative of a member	
ANDRES CARRANZ	ZA	
	Typed or printed name of signee	

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