118000064542

(R	(equestor's Name)	,
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(E	Business Entity Na	me)
(C	Ocument Number)
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BL. VORISEK AUG 0 8 2018

COVER LETTER

Division of Co	porations		
NYC 52 G			
SUBJECT:	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:	
	GABRIEL AMIEL		
		Name of Person	
	NYC 52 GP, LLC		
		Firm/Company	
	20900 NE 30TH AVE, SU	ITE 914	
		Address	
	AVENTURA, FLORIDA	33180	
	GA@AMIELGROUP.COM	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	alt:	
GABRIELAMIEL		305 785 8306 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	ne 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:

TO:

Registration Section

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

NYC 52 GP, LLC

(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liab Florida document number L18000064542	ility Company	were filed on JULY12, 201	8	and assigned
This amendment is submitted to amend the follow	ing:		JALL	18
A. If amending name, enter the new name of th	ne limited liab	ility company here:	1 4	MIL 31
The new name must be distinguishable and contain the word	ls "Limited Liabil	lity Company," the designation	'LLC" or the abbrevi	athan "L.bat"."
Enter new principal offices address, if applicable	le:	20900 NE 30TH AVE.		F1.0:
(Principal office address MUST BE A STREET ADDRESS)		SUITE 914		දිස් ව්
		AVENTURA, FL 33180		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20900 NE 30TH AVE, SUITE 914		
		AVENTURA, FL 33180		
	INVES			
New Registered Office Address.		Enter Florida street ad	ddress	
	AVENTURA		, Florida	
		City	Z	ip Code
New Registered Agent's Signature, if changing Reg	istered 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	INVESTCAPITALGROUP	LLC 20900 NE 30th Avenue	X Add
		Suive: 314	🗆 Remove
		Aventura, FL 33180	Change
MGR	A.E.L. Capital, UC	19950 W. Country Club B) □ Add
		Suite 800, FL 33180.	Remove
		·	Change
			Pemove
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Add
			Remove
			□ Change
			Add
			Change
	·		🗆 Add
			Remove
			□ Change

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(If an ef Note:	ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/18 /2018
	Signature of a member or authorized representative of a member
	Gabriel ATIEL. Typed or printed name of signee

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Filing Fee: \$25.00