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To: Division of Corporations Fax Number : (850)617-6383 From: : TAXLEAF.COM INC Account Name Account Number : 120140000084 : (305)541-3980 Phone : (888)772-8108 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: \_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADRIA INVESTMENT GROUP LLC Certificate of Status 0 Certified Copy 03 Page Count 51 .... 5106 \$25.00 Estimated Charge

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To. SUNBIZ LLC Page 3 of 5

#### 2019-03-13 15:17:54 (GMT)

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company v Florida document number		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:	•	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		- T	
(Principal office address MUST BE A STREET ADDRESS)		等 5	
		- <del>1877.</del> 5	
		1000年日	
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, <u>er</u> :	nter the name of the new	
New Registered Office Address:			
New Registeres Office Address.	Enter Floruki street address		
	Utr Zip Code		
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

# (((H19000085022 3)))

If amending Authorized Person(s) authorized to manage, enter the fitte, 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	MOSES NAE	1549 NE 123RD ST	
		NORTH MIAMI, FL 33161	_ ■ Remove
			Change
AMBR JULIANA MEDIEROS DE	JULIANA MEDEIROS DE LIMA FRISON	1549 NE 123RD ST	<b>=</b> Add
		NORTH MIAMI, FL 33161	☐ Remove
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Effective date, if other than the offentive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	k does no	t meet the ap	ppiicable si	of filing or n atutory filin	nore than 90 d ig requireme	_ (optiona ays after tilin ats, this dat	l) g.) Pursuant e will not b	to 605.0207 e listed as	(3)(t the
he record specifies a delayed The 90th day after the reco	effective rd is file	e date, bu d.	it not an	effectiv <b>e</b>	time, at 1	<b>2:01</b> a.m	. on the $\epsilon$	earlier ol	f:
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