L18000 16a 909

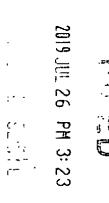
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (riddiess) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (=,,,,,, |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



500331968385

07/28/19 110 11.. 1



C. GOLDEN AUG - 5 2019

COVER LETTER

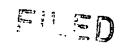
| TO: | Registration S Division of Co | | | |
|-----------|----------------------------------|---|---|---|
| CUD III | | HOLDINGS LLC | | |
| SOBJE | ↓1; <u></u> | Name of Limi | ited Liability Company | |
| The enc | losed Articles c | of Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all corres _[| pondence concerning this matter | to the following: | |
| | | PATRICIO FILIPPI | | |
| | | FIBRA HOLDINGS LLC | Name of Person | |
| | | 1000 BRICKELL AVENU | Firm/Company E - SUITE 560 | |
| | | MIAMI, FLORIDA. 33131 | Address | |
| | | PATRICIOFILIPPH@GM/ | | |
| For furt | her information | E-mail address: (a concerning this matter, please e | to be used for future annual report | notification) |
| | CIO FILIPPI | | 786 239-043 | I |
| | Name | e of Person | at () Area Code Da | ytime Telephone Number |
| Enclose | d is a check for | the 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) |
| | | ILING ADDRESS: stration Section | STREET/CO Registration S | URIER ADDRESS: |

Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL 26 PH 3: 2

FIBRA HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Lia | bility Company we | re filed on JULY 5T | H, 2018 | and assigned |
|--|--|---|---|-------------------------------------|
| Florida document number L18000162904 | · | | | |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of t | the limited liabilit | v company here: | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability | Company," the designati | on "LLC" or the abbre | viation "L L.C." |
| Enter new principal offices address, if applical | ble: _ | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| | - | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent: | r registered offic | | records, <u>enter th</u> | |
| New Registered Office Address: | | Enter Florada stra | vet address | |
| | | | | |
| | | Сиу | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Ro | egistered Agent: | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c | r and complete pe tered agent as pro egistered office ac | rformance of my di wided for in Chapte | ities, and I am fan r 605, F.S. Or, if | ulliar with and this document is |

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> | <u>Address</u> | Type of Action |
|--------------|-----------------|--|----------------|
| MGR | ERNESTO BRUNA | 1000 BRICKELL AVE, SUITE 560, MIAMI, FLORIDA, 33131 | □ Add |
| | | | ■ Remove |
| | | | ☐ Change |
| MGR | JESICA AMARILLA | 1000 BRICKELL AVE, SUITE 560, MIAMI, FLORIDA, 33131 | Add |
| | | | ☐ Remove |
| | | | |
| | | | |
| | | | 🖸 Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| *** | | | |
| | | | □ Remove |
| | | | |

| | | | | | | |
|------|---|---|---|---|---|------------------------------------|
| | | | | | | |
| - | | | | | · · · · · · · · · · · · · · · · · · · | |
| - | <u> </u> | | - | | | |
| _ | | | | | | |
| | | | | | | |
| - | | | | <u> </u> | | |
| _ | | | | | | |
| | | | | | | |
| - | | | . - | | | |
| - | , | | • | | | |
| _ | | | | | | |
| | | | | | | |
| - | | | | | | |
| - | | | | | | |
| | | | | | | |
| - | | | _ | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | , , , , , | |
| | | | | | | |
| | | 07/17/2 | n i o | | | |
| ote: | tive date, if other than the date Tective date is listed, the date must be s If the date inserted in this block on ment's effective date on the Depart | of filing: pecific and cannot be p loes not meet the ap | orior to date of filir plicable statutor | g or more than 90 d y tiling requireme | _ (optional) ays after filing.) Pursunts, this date will n | uant to 605.020 of be listed as |
| | cord specifies a delayed eff e 90th day after the record | | not an effect | tive time, at 1 | 2:01 a.m. on th | ne earlier o |
| | JULY 17TH | 2019 | | | | |
| ated | l | ······································ | · | | | |
| | | 6 | | | | |
| | Sian | ature of a member or a | nuthorized represe | ntative of a member | | |
| | Sign | indice in incompact of the | idino. | man e or a memore | | |

Page 3 of 3

Filing Fee: \$25.00