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(Reque	stor's Name)	
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Office Use Only



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M. MILLIGAN AUG 17 2018

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: MON	CPOUZED T	NESTMENTS LL ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	TARIAN (Name of Person	
		Firm/Company	
	2151 NW 8	C TEPF Address	
-	MIAMI	FL 33147 City/State and Zip Code TINVESTMENTS LU o be used for future annual report notific	C GMA(L COM
For further information conc			
TAPIAN (EE.	at (786) 608 - Area Code Daytime	9795 Telephone Number
Enclosed is a check for the f	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)

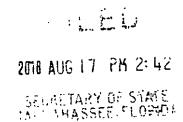
MAILING ADDRESS:

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



of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 20, 2018 and assigned Florida document number L 180001 74836 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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>	Name	Address	Type of Action
AMBR	FREDERICKA S. BROWN	3645 FRANKUN AVE	Add
		MIAMI, FL 33133	□ Remove
			Change
			☐ Remove
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lote: If the ocument's e record The 90t	specifies a delaye th day after the rec	d effective date, cord is filed.	but not an eff	active time, ac			

Page 3 of 3

Filing Fee: \$25.00