4800177174

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| . (Add | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| · PICK-UP | ☐ WAIT | MAIL |
| . (Bus | iness Entity Nar | me) |
| · (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | filing Officer: | |
| | | |
| | | |
| | | : |

Office Use Only



600316994446

(a/16/18--01); -- 0. ; **C5.0

18 AUG 16 AM 10: 23

N COOPER AUG 21 2018

COVER LETTER

| TO: | Régistration Se Division of Cor | | | |
|---------------|------------------------------------|---|---------------------|-------------------------|
| SUBJE | Metropolit | an Investment International Re | alty, LLC | |
| SUDJE. | C1 | Itan Investment International Realty, LLC Name of Limited Liability Company If Amendment and fee(s) are submitted for filing, bondence concerning this matter to the following: Kiel J. Green Name of Person Ricco Washburn, Esq., PLLC Firm/Company 1200 Brickell Ave. Ste. 1450 Address Miami, FL 33131 City/State and Zip Code kiel.green@metropolitaninvestment.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 172 at (772 Area Code Daytime Telephone Number) the following amount: \$\Begin{array} \text{S30.00 Filing Fee} & \Begin{array} \text{S60.00 Filing Fee}. \Begin{array} \text{Certificate of Status} & \Begin{array} \text{Certificat Copy} & \text{Certificate of Status} & \Begin{array} Certificate of St | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Kiel J. Green | | |
| | | | Name of Person | |
| | | Ricco Washburn, Esq., PI | .I.C | |
| • | | | Firm/Company | |
| | | 1200 Brickell Ave. Stc. 1- | 150 | |
| | | | Address | |
| | | Miami, FL 33131 | | |
| | | | | |
| | • | | | |
| Goe firet | her information o | | | ication) |
| | | oncerning this matter, please c | | |
| Kiel Gr | een | | at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for the | he following amount: | | |
| ■ \$25 | .00 Filing Fee | | Certified Copy | Certificate of Status & |
| | | | | |

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

| Wetropolitan investment international realty, LLC | | |
|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record hability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Company | and assigned | |
| Florida document number L18000177174 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | SEC VISIO |
| | | ALC CRE I |
| | | 1 6 |
| Enter new mailing address, if applicable: | | AM REGI |
| (Mailing address MAY BE A POST OFFICE BOX) | | 9. SATE |
| | | ယ် နို |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | | |
| | | |
| | , Flo | orida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | ,, | <i> </i> |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, ar provided for in Chapter 605, | nd I am familiar with and F.S. Or, if 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> | Address | Type of Action |
|--------------|----------------|------------------------|----------------|
| MGR | Adriana Oyarce | 1230 Lisbon Street | = Add |
| | | Coral Gables, FL 33134 | Add |
| | | | ☐ Remove |
| • | | | ☐ Change |
| · | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| • | | | □ Remove |
| | | | □ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |

| • | | | | |
|---|---|---------------------------|-------------------|------------------|
| <u> </u> | | · | | |
| | | | | |
| | | . | | |
| | | | | |
| | | | | |
| | | ··- | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | <u></u> | | |
| | | | | |
| | | | • | |
| | | <u>.</u> | | <u>––e</u> |
| | | | ≅ ₽ | |
| | | | AUG | |
| | | | <u> </u> | <u> </u> |
| | | | | 28 <u>2</u> (|
| | | | <u> </u> | |
| · | | <u>-</u> | <u>\</u> | - 3 7 |
| | | | | 7 € |
| | | | | |
| | | | | |
| | | | | |
| Sective date, if other than the d n effective date is listed, the date must be | ate of filing: | of filing or more than 90 | (optional) | 10 605 026 |
| te: If the date inserted in this bloc | k does not meet the applicable s | | | |
| cument's effective date on the Dep | artment of State's records. | | | |
| | ee in land in | | | |
| record specifies a delayed of the 90th day after the recor | | errective time, at | 12:01 a.m. on the | earlier |
| August 15 | 2018 | | | |
| | Ricco Washb | un | | |
| | , == - - - - - - - - | | | |

Page 3 of 3

Filing Fee: \$25.00