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COVER LETTER

Registration Section TO: **Division of Corporations** METROPOLITAN INVESTMENT PROPERTY MANAGEMENT LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kiel J. Green Name of Person Ricco Washburn, Esq., PLLC Firm/Company 1200 Brickell Ave. Stc. 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) For further information concerning this matter, please call: Kiel Green Daytime Telephone Number Name of Person

Enclosed 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)

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

METROPOLITAN INVESTMENT PROPERTY MANAGEMENT LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on ou d Liability Company)	r records <u>.</u>)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	18	and a	ssigned
Florida document number L18000177420				
. This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the abbrevi	ation "	L.L.C."
Enter new principal offices address, if applicable:		· 		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			18 	VISE O33S
			AUG	988 -955
			9	ARY F CC
Enter new mailing address, if applicable:	<u> </u>		<u>~</u>	중요년 -
(Mailing address MAY BE A POST OFFICE BOX)			Ö	RAT
			30	NOI
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address		
		, Florida		
	City		ip Code	,
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and Lam famil r 605, F.S. Or, if th	liar w is doc	ith and zument is
If Ch	anging Registered Agent, Sig	mature of New Register	red A¤	ent

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
AMBR	Adriana Oyarce	1230 Lisbon St.	
		Coral Gables, FL 33134	Add
		- Control Outlier, Francisco	☐ Remove
			Change
			□ Remove
			□ Change
-			
-			□ Remove
			Change
			
			□ Add
			☐ Remove
			☐ Change
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		 	☐ Remove
			Change
			Remove
			☐ Change

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