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COVER LETTER

TO: Registration Section Division of Corporations METROPOLITAN INVESTMENT COMMERCIAL ADVISORS 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. 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) For further information concerning this matter, please call: Kiel J. Green 332-1869 Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METROPOLITAN INVESTMENT COMMERCIAL ADVISORS		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Com	appears on our records.) Dany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L18000190951}{L18000190951}$.	on <u>08/09/2018</u> and	l assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "FLC" or the abbreviation	n" 1 C"
Enter new principal offices address, if applicable:		0
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	C AM ID: 31.
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	ss on our records, <u>enter the na</u>	me of the n
New Registered Office Address:		
	er 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.

Cuy

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	Maximo Rodriguez	1110 Brickell Ave.	
			
		Suite 430K-77	□ Remove
		Miami, FL 33131	
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ument's effective date on the Dep	artment of State's records.	
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he both day after the recor	a is med.	
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August 15th	2018	
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Page 3 of 3

Filing Fee: \$25.00