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(Re	questor's Name)
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(Ád	dress)
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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Amendicui

JUN 2 4 2019

I ALBRITTON

COVER LETTER

Division of Cor	porations		
SUBJECT: TOP	1 Property	IVEST COTS 1	LC
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maday c	Fernandet Name of Person	
		Name of Person	
		Firm/Company	
	15150 SW 2	02 ae	
		Address	
	Miani F	City/State and Zip Code	
		City/State and Zip Code	
	Mady Fernand	o be used for future annual report not) ~~
	E-mail address: (t	o be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	ill:	
Maday e	- Fernander	ar(746) 815	- 329 (-
Name of	Person	at (716) 815 Area Code Daytim	ie Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	か\$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

TO:

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

90T	I Property Investments LLC
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A riofida Limiteo i	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1800197269}{}$.	were filed on AUGUST 17, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrevi	ation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_
		~3	•
	<u>۔</u> بہ	.5	
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
		_ , 1	_

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:

Maday c Fernandez

15150 Sw 202 me

Enter Florida street address

New Registered Office Address:

Wiami, Florida 3319 6

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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Maria T Enrige	15150 SW 202 WC	Add
			Remove
			Change
President	Madayeternandre	15150 Sw 202 we	
			Remove
			Change
MGV	Maday C Fernande	15150 Sw 202 we miani F1 35176.	X Add
			☐ Remove
			Change
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f an effective date is li Note: If the date in	other than the date isted, the date must be s ascrted in this block over the date on the Depart	pecific and canno loes not meet th	e applicable statuto	ling or more th	(opti an 90 days afte uirements, thi	r filing.) Pursuant to	o 605,0207 (Histed as ti
	ies a delayed eff after the record		but not an effe	ctive time	, at 12:01 .	a.m. on the e	arlier of:
Dated OG			r or authorized repres	sentative of a	member		_
	·	lada	(C Fo	crna			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00