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T. MATTHEWS JAN 2 1 2022

• COVER LETTER

TO: Registration Division of C			
	iami Investments, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subi	nitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Stephen J. Straley, Esq.		
		Name of Person	
	Straley Otto		
		Firm/Company	
	2699 Stirling Road, Suite C	:-207	
	Address		
	Fort Lauderdale, Florida 3.	3312	
	enhancemiami@gmail.com	City/State and Zip Code	
		to be used for future annual report no	uification)
For further information	on concerning this matter, please c	ail:	
Jose Peirats		786 319-8010	
Nan	ne of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado		Street Address: Registration S	Section
Registration of Division of the Control of the Cont	on Section of Corporations	Division of C	orporations
P.O. Box (The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

22 31 11 111 3: 20

North Miami Investments, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.	
(A Florida Elitated Lia	umity Company)	
Articles of Organization for this Limited Liability Company w	vere filed on 08/21/2018	and assigned
rida document number L18000199775		
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabili	ity company here:	
If amending name, enter the new name of the infinced habin	ty company acie.	
e new name must be distinguishable and contain the words "Limited Liability	Company " the decignation "LLC"	or the abbreviation "L.L.C."
enew name must be distinguishable and contain the words. Elimited Liability	y Company, the designation the	the doore viation 13.11.c.
iter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
	<u></u>	<u> </u>
iter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
		
If amending the registered agent and/or registered office ac	ddress on our records, <u>enter (</u>	the name of the new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	r
	Flo	orida
	City	orida Zip Code

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 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	Catalina Vargas	14405 N.E. 10th Avenue	□Add
		North Miami, Florida 33161	≣Remove
			Change
MGR Jose Peirats	Jose Peirats	14405 N.E. 10th Avenue	□ Add
		North Miami, Florida 33161	=Remove
			Change
MGR One More Door Capital, LLC	One More Door Capital, LLC	14651 Biscayne Boulevard, #350	
		North Miami Beach, Florida 33181	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change

(If an effect Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Décember 23 . 2021
	To se Persats Tr Catalina Varyas Tr Typed or printed name of signee
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00