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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Day we 4) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration S Division of Co | | | |
|-----------------|----------------------------------|--|---|--|
| ern m | | ESTOR, LLC | | |
| SUBJE | LI: | Name of Lin | nited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Bibi Ruiz | | |
| | | Bryn & Associates | Name of Person | |
| | | 2 South Biscayne Blvd, Su | Firm Company nite 2600 | |
| | | Miami, FL 33131 | Address | |
| | | bibi@markbryn.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For furth | er information c | oncerning this matter, please ca | all: | |
| Bibi Rui | | | 305 374-0501 | |
| | Name c | f Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for t | he following amount: | | |
| = \$2 5. | 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:

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

5240 INVESTOR, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/24'2018}{1}$ and assigned Florida document number L18000203279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter 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.

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 | BISCAYNE MANAGER, LLC | 2 South Biscayne Blvd, Suite 2600 Miami, FL 33131 | ∃ Add |
| | | | ☐ Remove |
| | | | Change |
| MGR | Mark Bryn | | □ Add |
| | | 2 South Biscayne Blvd, Suite 2680 Miami, FL 33131 | ■ Remove |
| | | | □ Change |
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| ective date, if other than the dat | to of filing: | | (optional) | |
| effective date is listed, the date must be | specific and cannot be prior to c | | days after filing.) Purs | |
| te: If the date inserted in this block ument's effective date on the Depar | | e statutory filing requirem | ents, this date will i | not be listed |
| | | | | |
| record specifies a delayed ef | | n effective time, at . | l2:01 a.m. on t | he earlier |
| he 90th day after the record | is filed. | | | |
| October 15 ed | 2019 | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00