Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: JORGE L. GURIAN P.A.

Account Number : I20010000123

Phone

: (305)931-0541

Fax Number

: (305)931-0568

\*\*Enter the email address for this business entity to be used for futing annual report mailings. Enter only one email address please.

Gurian 3

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LG 4-2108 INVESTMENTS LLC

Certificate of Status	0
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JAN 2 8 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LG 4-2108 TN	VESTMENTS LLC	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L18000212008</u> .	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new pame must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		\$ 55 9 55
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip Code

## 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>	Name	Address	Type of Action
MGR	SERGIO MASTROPIETRO	1805 PONCE DE LEON BLVD	<b>≅</b> Add
		SUITE 400	Remove
		CORAL GABLES, FL 33134	Change
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f an effective date Note: If the dat	if other than the date is listed, the date must be to inserted in this block ective date on the Depar	specific and cam does not meet	the applicable st	of filing or more than stutory filing requir	(optional) 90 days after filing ements, this date	<ol> <li>Pursuant to 605.020</li> </ol>
	•					
e record spe The 90th d	ecifies a delayed ef ay after the record	fective date Is filed.	, but not an e	effective time, a	t 12:01 a.m.	on the earlier
Dated	Janusay 25	<del></del> , _	2019			
•	rK.	Adam				
		THOUSE OF THE	ber or authorized r	epresentative of a men	nber	

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Filing Fee: \$25.00