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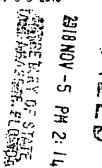


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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se vision of Cor							
SUBJECT:		A ALF LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	n all correspo	ndence concerning this matter	to the following:					
		RICCO WASHBURN, ES	Q.					
			Name of Person	<u></u>				
		RICCO WASHBURN, ES	Q., PLLC					
		•	Firm/Company	· -				
		1200 BRICKELL AVENU	JE. SUITE 1450		TOUR NOV -5			
			Address					
	MIAMI, FLORIDA 33131							
		LEGAL@METROPOLITA	City/State and Zip Code		FIG. TO			
	2: 14 1000 1000							
For further i	nformation c	oncerning this matter, please co	all:		ia.			
RICCO WA	SHBURN, I	ESQ.	786 254-7177					
	Name o	f Person		Telephone Number				
Enclosed is	a check for th	ne following amount:						
≅ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &			
	Registr	ING ADDRESS: ation Section of Corporations	STREET/COURIE Registration Section Division of Corporal					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEQUESTA ALF LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on OCTOBER 9, 2018 and assigned
Florida document number £18000239593	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	SSS)
Enter new mailing address, if applicable:	- P P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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>	<u>Name</u>	Address	Type of Action
MGR	METROPOLITAN INVESTMENT LLC	1200 Brickell Avenue, Suite 1450, Miami, Florida 33131	Add
			Remove
			Change
MGR	Metropolitan Investment Private Equity LLC	1200 Brickell Avenue, Suite 1450, Miami, Florida 33131	■ Add
			□ Remove
			Change
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			Remove
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	es a delayed eff after the record		ate, but	not an e	effective	time, a	: 12:01 a.	m. on th	e earli	ier c
OCTOBER :	30	,	2018	<u>. </u>						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00