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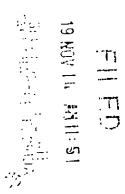
(Re	questor's Name)	
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# **COVER LETTER**

	RNE AVENUE INVESTOR. L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bibi Ruiz		
	Bryn & Associates	Name of Person	
	2 South Biscayne Blvd, Su	Firm Company ite 2600	
	Miami. FL 33131	Address	
	bibi@markbryn.com	City/State and Zip Code	
For further information	E-mail address: (t concerning this matter, please ca	o be used for future annual report noti	fication)
Bibi Ruiz		305 374-0501	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for (	the following amount:		
■ \$25.00 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:

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

MELBOURNE AVENUE INVESTOR, ELC (Name of the Limited Liability) (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{\text{L}18000242698}{\text{L}18000242698}$	ompany were filed on 10/15 2018	and assigned
This amendment is submitted to amend the following:	<u>_</u> ·	
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		APP 5
(Principal office address MUST BE A STREET ADDR	ESS)	i ē n
		4" 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> 95'                                   </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addition		nter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	City	a 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>	<u>Address</u>	Type of Action
MGR	BISCAYNE MANAGER, LLC	2 South Biscayne Blvd, Suite 2600 Miami, FL 33131	
			Remove
	M I D		Change
MGR	Mark Bryn		
		2 South Biscayne Blvd, Suite 2680 Miami, FL 33131	Remove
			Change
			Shange Shange O'Add The O'Add
		-	Remove -
			□ Change (2) □ Add
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change

19 NIM PI
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73
_ (optional)
ays after filing.) Pursuant to 605.020 nts, this date will not be listed a
2:01 a.m. on the earlier o

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00