

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000078149 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE KLEIN GROUP

Account Number: I20190000115

Phone : (561)763-1107

Fax Number

: (954)340-9005

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AEV INVESTMENTS III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

O SIMMONS MAR 1 0 2020

ARTICLES OF AMENDMENT TO \$\mathred{1} \gamma 00000 78149 3 ARTICLES OF ORGANIZATION OF

AEV INVESTMENTS III, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record Limited Liability Company)	(ds.)
The Articles of Organization for this Limited Liability C	Company were filed on 10-24-2018	and assigned
Florida document number L18000250030		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.C."
nter new principal offices address, if applicable:)20 H
Principal office address MUST BE A STREET ADDI	RESS)	
		9 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		लं ज
. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	P - Pl -1 - 17	
	Enter Florida street addr	
	, F	lorida
	City	Lip 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

H200000781493

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H20000781493

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALFREDO E VARGAS	1 GROVE ISLE DRIVE APT 509	□Add
		MIAMI, FL 33133	Remove
			□ Change
MGRM	FARAH M MARQUEZ De VARGAS	! GROVE ISLE DRIVE APT 509	MAdd
		MIAMI, FL 33133	□Remove
			Remove 2020 KAR - 9
			Add Remove
			□ Change
		No. 10 To 10	□Add
			□Remove
			□ Change
			⊡Add
			□Remove
	1+200000781493	···	Change

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