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| (Red | questor's Name) | <u> </u> |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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| | Registration Se Division of Cor | | | |
|-----------|------------------------------------|---|---|--|
| SUD IE | | STMENT GROUP LLC | | |
| SUBJEC | . I : | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fec(s) are sub- | mitted for filing. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | CARLOS M BOTERO SA | NCHEZ | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 2771 NE 164 STREET, U | NIT 12 | |
| | | | Address | |
| | | NORTH MIAMI BEACH. | . FL 33160 | |
| | | | City/State and Zip Code | |
| | | comercial@depositoabo.cor | m to be used for future annual report notif | ication) |
| For furth | er information c | oncerning this matter, please ca | · | |
| CARLO | S M BOTERO S | SANCHEZ | 305 715-9920 | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | ne 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:

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

FILED

ABO INVESTMENT GROUP LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on duct recourse by (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 10/26/ | SECHETARY OF STATE 1018AHASSEE, FLOR and -assigned |
|---|--|---|
| Florida document number L18000252727 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| CONTROL TOWER INVESTMENTS LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ty Company," the design | nation "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 of registered agent and/or the new registered office address here Name of New Registered Agent: | | r records, enter the name of the new |
| | | |
| New Registered Office Address: | Enter Florida s | Iraal addrass |
| | | |
| | City | Florida |
| New Registered Agent's Signature, if changing Registered Agent: | Ciņ | гду Сине |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my rovided for in Chap | duties, and I am familiar with and stee 605, F.S. Or, if this document is |

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 | HERNANDEZ, ISRAEL | 2771 NE 164 STREET, UNIT 12 | |
| | | NORTH MIAMI BEACH, FL 33160 | ■ Remove |
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| Effective date, if other than the fan effective date is listed, the date mus | date of filing: | | (optio | nal) |
| fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D | ock does not meet the | applicable statutory | or more than 90 days after filing requirements, this | filing.) Pursuant to 605.020' date will not be listed as |
| is record specifies a delayed The 90th day after the rec | | ut not an effecti | ve time, at 12:01 a | .m. on the earlier o |
| Dated | 2019 | | | |
| | | • | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00