L19000092927

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(Ad	dress)	
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Amend

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I ALBRITTON!

COVER LETTER ,

TO:	Registration So Division of Cor			
SUBJI		estor, LLC		
SUBJ	BC1	Name of Lin	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Susana Menis		
			Name of Person	
		6730 SW 32nd Ter	Firm/Company	•
		Miami, Fl 33155	Address	
		susy.menis@yahoo.com	City/State and Zip Code	
For fu	ther information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	(ification)
	ı Menis	oneering this matter, please c	954 464-9581	
	Name o	l Person	at ()	ne Telephone Number
Enclos	ed is a check for th	he following amount:		
≅ \$2	5.00 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMenis Investor, LLC			
(Name of the Lin	ited Liability Company : (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited	Liability Company we	re filed on April 04, 2019	and assigned
lorida document number L19000092927.	·		
his amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liabilit	y company here:	
ame			
ne new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if appl	icable: _	<u></u> .	
Principal office address MUST BE A STRE	ET ADDRESS)		
			
	-		
San			
nter new mailing address, if applicable:	_		_ <u></u>
<u>Mailing address MAY BE A POST OFFICE</u>	<u>EBOX)</u>	_	
	_		
			<u></u>
3. If amending the registered agent an	d/or registered office	e address on our records, enter	the name of the 'n
egistered agent and/or the new registered	office address here:		王 〜
			5
Name of New Registered Agent:	Same		. 6
New Registered Office Address:			
		Enter Florida street address	
		. Florida	
		Cin	Zin Coda

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	Susana Menis	6730 SW 32nd Ter Miami, Fl 33155	5
			□ Remove
			□ Change
			Add
			Remove
		-	Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			Add
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		 	Change
			Add
			□ Remove
			□ Change

n/a 		
		
// <u> </u>		
	n/a	
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 block does not meet the applicable statutory filing requirements, this date will not be listed	0207 (3)(t d as the
f the record specifies a delayed). The 90th day after the re	red effective date, but not an effective time, at 12:01 a.m. on the earlier ecord is filed.	r of:
Dated April 18	2019	
17mcd	Aller & co	
	Signature of a member or authorized representative of a member	
Susana Menis		
- Casanii Piens	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00