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BLANKS.

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## **COVER LETTER**

TO: Registration Division of C		•	
	INE INVESTMENT PROPERT	IES OF MIAMI LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MARIA E RUIZ		
		Name of Person	
	L M ACCOUNTING SERVI	CES INC	
	7750 SW 117TH AVE	Firm/Company	
		Address	
	MIAMI FLORIDA 33183	Addless	
	MARIAQUIROS9@HOTMA		
	E-mail address: (	to be used for future annual:	report notification)
For further informatio	n concerning this matter, please c	all:	
MARIA RUIZ		305 595	5-2407 
Nam	e of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registrat Division Clifton B	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Inve	Stur out	properties	of Mia	m lu
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on o ability Company)	ur records.)	
		(	12/1	
The Articles of Organization for this Limited Lial	bility Company	were filed on	131 PI	and ass
Florida document number	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		ļ
The new name must be distinguishable and contain the wor	eds 21 Instruct Linhil	ity Company " the designa	stion "LLC" or the a	bbreviation "L.1
The new name must be distinguishable and contain the wor	ids Emilied Pagen	ny company we congen		
Enter new principal offices address, if applical	ble:		<u> </u>	
<u>(Principal office address MUST BE A STREET</u>	'ADDRESS)			
				E SE
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			<del> </del>
				· #
				- ့ ့ ့
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ice address her	ffice address on our e:	records, <u>enter</u>	the name o
replaced agent and of the new regimes of the		_		
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str	reet address	<del>-</del>
			, Florida _	
		City	,	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered		ee to act in this capae	city. I further a	gree to comply
provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this co	r and complete ered agent as p egistered office	performance of my a provided for in Chapt	tuties, and 1 am ter 605, F.S. Or	jamuiar wun :, if this docum
	If Chai	nging Registered Agent, S	<u>signature of New I</u>	legistered Agent

MGR = M $AMBR = A$	lanager authorized Member		
Title	DAVID GOMES	Address 8 NW 109 PLACE	Type of
<del></del>	- Mory Jan	MIAMI FLORIDA 33172	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:  [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
	09/27/2019
Datas	· · · · · · · · ·
Dated	- Line
Datec	Signature of a member or authorized representative of a member  JULIA DIAZ

Page 3 of 3

Filing Fee: \$25.00