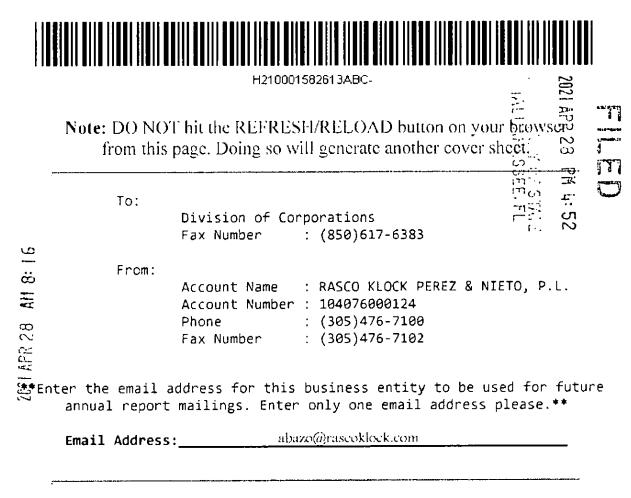
Horida Departner of State Division of Couponations Bestionly Filling Cover Sheet

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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINE INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



Page: 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINE INVESTMENTS, LLC	ity Company as it now appears on our rec	ards.)
(A Florid	ity Company as it now appears on our rec a Limited Liability Company)	
·	04.04.001.0	·
The Articles of Organization for this Limited Liability C	Company were filed on (06/04/2019)	and assigned
Florida document number L19000148596		
	 :	•
This amendment is submitted to amend the following:	• • •	
A. If amending name, enter the new name of the lim	ited liability company here:	, 2
4. If amending name, enter the new name of the mo	med nathrity company here.	021
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	.LC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		20 T
	neco.	HA TO TO
Principal office address MUST BE A STREET ADDI	(0/253)	स्तिक 🗻 💤
		men -
	•	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
Planing data as MAT MITTOGT OF THE DOTA		
·		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, em	ter the name of the new register
gent and/or the new registered orace address here.		
Name of New Registered Agent:	<u> </u>	
1000		·
New Registered Office Address:	Enter Florida stree: ade	dress
·		
·		Florida
· · · · · · · · · · · · · · · · · · ·	City	Zip Code

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	BAZO, ANDRES	2555 PONCE DE LEON BLVD SUITE 600	□Add
•		CORAL GABLES FL 33134	Remove
			□ Change
			7021
			DAdd Control of the C
			CD Change
			. 52 □Add
			□ Remove
			🗆 Change
· · .			
			□ Change
	· <u>· · · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·	□ Add
-			□Remove
			□Change
			□ Add
			□Remove .
			□Change

2021-04-27 17:40:10 EDT

To: 18506176383

13056752347

From: Melissa Soy

Filing Fee: \$25.00

Typed or printed name of signee