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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

Registration Section * Division of Corporations

TO:

SUBJECT: Und	ler Par Inve	stments LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Neil P. Lin	den Name of Person	
	Gray Robins	Firm/Company	
	333 SE.	2 M Ave., Suite	3200
		City/State and Zip Code	
	<u>Meil.linde</u> E-mail address: (u @ gray - ro bins	on.com fication)
For further information of	concerning this matter, please c		
Neil P. Lir	Lev of Person	at (305) 416- Area Code Daytim	6880 e Telephone Number
Enclosed is a check for t	-		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration See Division of Cor The Centre of T 2415 N. Monro Tallahassee, Fl	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Under Par Invest men (Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company v Florida document number <u>L 19000180918</u> .	
This amendment is submitted to amend the following:	02
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	333 SE 2nd Ave.
(Principal office address MUST BE A STREET ADDRESS)	Suite 3200 Miami, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	333 SE 2 nd Ave. Suite 3200 Miami, FL 33131
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Neil P	Linden
New Registered Office Address: 333 S	SE 2 nd Ave., Suite 3200 Enter Florida street address
_ Miam	City Florida 33131 Zip 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.

f Changing Registered Agent, Signature of New Registered Agent

Neil P. Linden

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:			person being added
MGR = Mar AMBR = Aut	nager horized Member		
Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			🖸 Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
		 	\(\sigma\) Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
)	Newaddress for Mgr. Todd P. Linden:
	121 Alhambra Plaza, Svite 1209
	Coral Gables, FL 33134
)	New address for Mgr. Neil P. Linden: 333 SE 2nd Ave., Suite 3200
	333 SE 2nd Ave., Suite 3200
	Miami, FL 33131
i e te	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ec	July 14 2020.
4	Signature of a momber or authorized representative of a member
	Neil P. Linden
	Typed or printed name of signee

Filing Fee: \$25.00