

19000186691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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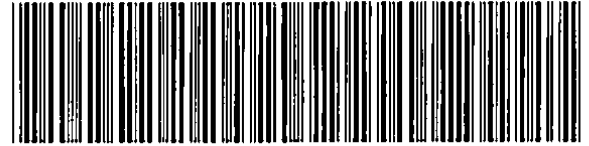
(Business Entity Name)

(Document Number)

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**DATE:** 8/14/19

**NAME:** MV PROPERTIES INVESTMENTS LLC

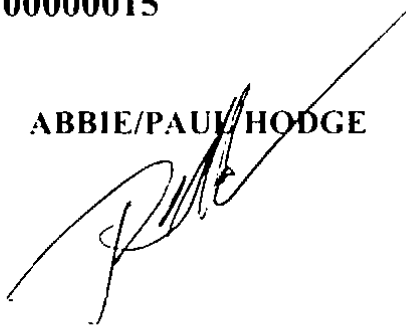
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MV PROPERTIES INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/01/2019 and assigned  
Florida document number: L19000186691.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*, Florida*

*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.*

**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>	<u>Type of Action</u>
AMBR	CECILIA SCHLEWEISS MESQUITA VALARELLI	AL DOS GUARAMOMIS 00445 APT 61, PLANALTO PAULISTA SAO PAULO SPAIN	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CECILIA SCHLEWEISS MESQUITA VALARELLI	AL DOS GUARAMOMIS 00445 APT 61, PLANALTO PAULISTA SAO PAULO SPAI	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MBR	MV ALLIANCE FOUNDATION	PDC TOWER 13 FLOOR AVENUE SAMUEL LEWIS OBARRIO PANAMA REPUBLIC OF PANAMA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	HERSCHEL ALONSO	PDC TOWER 13 FLOOR AVENUE SAMUEL LEWIS OBARRIO PANAMA REPUBLIC OF PANAMA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

1. What is the main purpose of the study?  
 2. What are the research objectives?  
 3. What is the significance of the study?  
 4. What is the scope of the study?  
 5. What are the limitations of the study?  
 6. What is the methodology used in the study?  
 7. What are the results of the study?  
 8. What are the conclusions of the study?  
 9. What are the implications of the study?  
 10. What are the future research directions?

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)  
 Note: If the date inserted in this blank does not meet the applicable date, the filing is not valid.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 13, 2019

Joseph Lillington

Signature of a member or authorized representative of a member

Herodotus A. Longo W. Han  
Typed or printed name of signer

Typed or printed name of signer