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(((H20000196135 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758

Fax Number : (305)371-3178

ÜΣ

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PCUMMINGS@THERRELBAISDEN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SGT FAMILY INVESTMENTS, LLC

Certificate of Status	0
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Help

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TO: Registration Se Division of Cor			
	LY INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-		
	PAUL M. CUMMINGS, E	SQ.	
		Name of Person	,
	THERREL BAISDEN, LL	P	
		Firm/Company	
	I SE 3RD AVE, STE 2950		
		Address	
	MIAMI, FLORIDA 33131		
		City/State and Zip Code	
	PCUMMINGS@THERREI E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
PAUL M. CUMMINGS,	ESQ.	305 371-5758	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: FAX SERVICE

From: 3053713178

ARTICLES OF AMENDMENT TO

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ARTICLES OF ORGANIZATION **OF**

2029 JUL - 2 Fil 2: 28

(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 05/27/2020 and assigned Florida document number L20000138092
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he 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
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> egent and/or the new registered office address here:
Name of Name Bassistaned Agents
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
kinada
City Florida

If Changing Registered Agent, Signature of New Registered Agent

To: FAX SERVICE From: 3053713178 7-02-20 9:24am p. 4 of 5
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address 202J	JUL -2 Pil Type of Action
MGR	TATE, JAMES D	1175 NE 125TH STREET, STE 102	□Add
		NORTH MIAMI, FL 33161	■ Remove
			☐ Change
MGR	TATE, STANLEY G	1175 NE 125TH STREET, STE 102	2 □ Add
		NORTH MIAMI, FL 33161	■Remove
			□Change
MGR	TATE MANAGEMENT, INC.	1175 NE 125TH STREET, STE 103	2 ≅Add
		N. MIAMI, FL 33161	□Remove
			Change
			□ Add
			Remove
			□ Change
			□Add
		-	□ Remove
			Change
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			□ Remove

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tive date is listed, the date must be specific and cannot be prior to date of fills	ng or more than 90 days after filing.) Pursuant to 60	05.020
f the date inserted in this block does not meet the applicable statutor	y filing requirements, this date will not be in	sted a
nt's effective date on the Department of State's records.		
specifies a delayed effective date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day aft	ter the
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UNE 35 2020		
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Vacel Line		
Signature of a member of authorized represe	entative of a member	
ackslash		
PAUL M. CUMMINGS, ESQ.		

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Filing Fee: \$25.00