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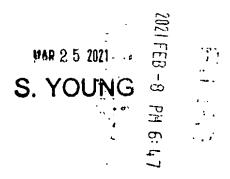
(Re-	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

	gistration Se fision of Cor			•
and the core		II REAL ESTATE INVESTM	ENTS LEC	with the
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		JASON POLANCO		
			Name of Person	
			Firm/Company	
		8051 SW 20TH PL		
			Address	
		DAVIE, FL 33324		
			City/State and Zip Code	
		E-mail address: ()	HATE CONT to be used for future annual report not	tification)
For further i	nformation c	oncerning this matter, please ex	all:	
JASON PO	LANCO		757 230-3393	
	Name o	f Person		ne Telephone Number
Enclosed is	acheck for th	ne following amount:		
■ \$25.00 I	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)
	iling Addres		<u>Street Address:</u> Registration So	ection
	_	orporations	Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URAMESHI REAL ESTATE INVESTMENTS LLC	,	20	
(<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)		- 2	٠.
173 F Raida Chinica Galonky Company		EB	٠
The Articles of Organization for this Limited Liability Company were filed on 06/10/2020	and	asgigned	•
Florida document number L20000159597	i	U.	•
		PH	.**
This amendment is submitted to amend the following:		ا ان	- '
A. If amending name, enter the new name of the limited liability company here:	, .	۲	
AEINSTEIN PROPERTY MGMT LLC			
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 na	me of the	new regis	stered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
. Florida			
('iiv	Zıp Co	de	_
New Registered Agent's Signature, if changing Registered Agent:			
	10800 10 00	mnhe wii	h the
provisions of all statutes relative to the proper and complete performance of my duties, and I an			
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O	r, if this de	ocument	
being filed to merely reflect a change in the registered office address. I hereby confirm that the	limited lia	bility	
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 🗆 Add
		□Remove	
			□Change
			[]Add
			□Remove
			□Change

		
		
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	<u></u> -	
E. Effective date, if other than the da (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depa	does not meet the applicable statu	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 (2 ory filing requirements, this date will not be listed as the
If the record specifies a delayed effective darecord is filed.	ate, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021	
	Jose Foliato	
Sig	ipature of a member or authorized repro	sentative of a member

Filing Fee: \$25.00

Typed or printed name of signee