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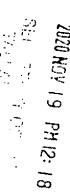
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Divis	ion of Corporations		
SUBJECT:	MIAMI 2020 INVESTMENTS LLC		
(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissoc	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:	
	Mosúno Juan (Contact Person)		
Miam	2020 INVESTY (Firm/Company)	IENTS LLC	
150 5	E 2nd Av. 3 Flor	ઝ	
	City/State and Zip Code)		
For further in	nformation concerning this matt	er, please call:	
Morano I	ame of Contact Person)	at (786) 308 - 0849 (Area Code & Daytime Telephone Number)	
Epclosed ple \$25 Filing	ase find a check made payable t g Fec	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)

TO: Registration Section

	Registration Se Division of Cor			
end ne	MIAMI 20:	20 INVESTMENTS LLC		
SUBJEC	- I i	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MORENO JUAN		
			Name of Person	
		MIAMI 2020 INVESTME	NTS LLC	
			Firm/Company	<u>.</u>
		150 SE 2nd AV 3 FLOOR		
			Address	
		MIAMLEL 33131		
			City/State and Zip Code	
		TINA.HYDE@HOTMAIL.	.COM to be used for future annual re	
For furth	er information c	oncerning this matter, please c		рон пописацон)
MOREN	O JUAN/TINA		786 308	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	Lis a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encle	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Add	
	Registration 5 Division of C		_	ion Section of Corporations
	P.O. Roy 632	•		tro of Tallahaceaa

P.O. Box 6327

Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

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

MIAMI 2020 INVESTMENTS LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{10/27/2020}{1}$ and assign Florida document number 1.20000341363 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 res agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 wi 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	TINA HYDE	150 SE 2nd Av 3 FLOOR MIAMI FL 33131	≣ Add
			□Remov
			□Change
		□Remove	
			□Change
			🗀 Add
			□Remove
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			□Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> [we date, if other than the date of filing: 10 27 200 (optional) etive 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 605.03 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
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 ted.
Dated _	
	Signature of a member or authorized representative of a member
	MORENO JUAN M Typed or printed name of signee