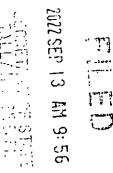
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Requestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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2022 SEP 13 PH 4: 14

A. BUTLER SEP 1 4 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	09/13/2022	
	Merritt Walker	
Reference #	#: 1785295	
	ARIES RI	INVESTMENTS LLC
	les of Incorporation/Authoriza	
✓ Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictit	ious Name	
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Authorized A	Amount: \$25	
Signature: _	un	

F: 800.944.6607

F: +R52 2682 9790

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TO: Registration Section
Division of Corporations

UBJECT:	L MAR 17B, LLC Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Acevedo. Esq.		
		Name of Person	
	ACEVEDO BELT. P.A.		
ACEVEDO BELT. P.A. Firm/Company 1441 BRICKELL AVENUE, SUITE 1400 Address			
1441 BRICKELL AVENUE, SUITE 1400			
		Address	
	MIAMI, FLORIDA 33131		
		City/State and Zip Code	
	caitlin@corpcreations.com		
	E-mail address: (to be used for future annual report notif	ication)
for further information of	concerning this matter, please ca	all:	
Maria Acevedo, Esq.		305 396-4282	
Name c	of Person	at () Area Code Daytime	: Telephone Number
inclosed is a check for t	he 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 enclose

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

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

2022 SEP 13 AM 9: 57

CASA DEL MAR 17B, LLC

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

The Limited Liability Company

	, Flo	rida
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new registe
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
Enter new principal offices address, if applicable:		-
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Aries RE Investments LLC		
A. If amending name, enter the new name of the lim	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number 1.22000206625	·	
		and assigned

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.

DocuSign Envelope ID: B9F7D873-F1CF-41F1-8953-30D3A74F634D . 11 amenuing Authorized rerson(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>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
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Tective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the I	lock does not meet t	he applicable	late of filing or me e statutory filing	(opti ore than 90 days afte grequirements, th	onal) r tiling.) Pursuant to lis date will not be l	605.020 listed a
record specifies a delayed effecti is filed.	ve date, but not an ef	Tective time,	, at 12:01 a.m. c	n the earlier of: (b) The 90th day a	fter the
September 13	. 20	22				
DecuStored by						
				.,		
16FB04778 (FAT	Signature of a member	er or authorize	ed representative	of a member		