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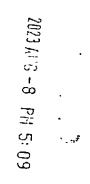
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#### **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

AD INVESTORS THREE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Davide Di Carli Name of Person AD INVESTORS THREE LLC Firm/Company 2775 NE 187TH ST UNIT 412 Address **AVENTURA FLORIDA 33180** City/State and Zip Code Info@darealtors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Davide Di Carli Name of Person Enclosed is a check for the following amount: **★** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassec, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD INVESTORS THREE LLC	20	77 1:12
( <u>Name of the Limited Liability</u> (A Florida L	20 Company as it now appears on our records.) imited Liability Company)	-3 ft 2 2 - 8 PM 5: 10
he Articles of Organization for this Limited Liability Cor		
lorida document number 1.23000142680		
forida document number	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> -
3. If amending the registered agent and/or registered o	iffice address on our records, enter th	e name of the new regis
gent and/or the new registered office address here:	mice address on our records, enter the	e name of the new regis
N ON B I I I		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
<del></del>	Circ	Zin 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>	Name	Address	Type of Action
AMBR	JAIME A SPIEZIO	2775 NE 187TH ST #412 AVENTURA FL 33180	□Add
			=Remove
			□Change
AMBR	DAVIDE DI CARLI	2775 NE 187TH ST #412 AVENTURA FL 33180	□Add
			= Remove
			□Change
AMBR	Ad Capital Investment Corp	2775 NE 187TH ST #412 AVENTURA FL 33180	<b>=</b> Add
			□Remove
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