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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINDA PLAYA, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LINDA PLAYA, LLC | | o our records.) | |
|--|---|----------------------------|-------------------------|
| (Name of the Limited Liability Co (A Florida Limi | ted Liability Company) | ar that Texterior | |
| The Articles of Organization for this Limited Liability Comp Torida document number L14000128526 | any were filed on 08/15 | /2014 | and assigned |
| 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 I | liability Company," the desi | gnation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our rec | ords, <u>enter the nar</u> | ne of the new registere |
| Name of New Registered Agent: | | | <u></u> |
| New Registered Office Address: | Emer Florid | a street address | |
| | | , Morida _ | Zip Code |
| 9-0 | Cuy | , | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | gent: | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and camp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered occupanty has been notified in writing of this change. | agree to act in this confere performance of n | umter 605 F.S. Ot | if this document is |
| _ | Changing Registered Age | or Signature of New R | egistered Agent |

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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

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| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------|--------------------------|----------------|
| MGR | LAPIOGGIA, SILVIA MARCELA | 5601 COLLINS AVE | DAdd |
| | | MIAMI BEACH, FL 33340 | |
| | | | Change |
| MGR | OSCAR R GEREZ | 560) COLLINS AVE APT 905 | ≣Add |
| | | MIAMI BEACH, FL 33140 | □Remove |
| | | | Change |
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|). If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note If t | date, if other than the date of filing: (optional) educ is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| f the record sp ecord is filed. | ectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated AP | RIL 22ND (2021 |
| | Williams of a member or authorized representative of a member |
| | SILVIA MARCELA LAPIOGGIA |
| | Typed or printed name of signee |