L160000 94678

| (Requestor's Name) | |
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| (Address) | |
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| (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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| TO: | Registration Se Division of Cor | | | | | | |
|---------|------------------------------------|--|---|--|--|--|--|
| CUDIE | | A RADISSON RED MIAMI, | LLC | | | | |
| SUBJE | .cr: | Name of Lim | ited Liability Company | | | | |
| The end | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | | | |
| | | PEDRO MENOCAL, ESC |). | | | | |
| | Name of Person | | | | | | |
| | | | | | | | |
| | | | Firm/Company | · · · · · · | | | |
| | | 3921 ALTON ROAD SUI | TE 323 | | | | |
| Address | | | | | | | |
| | | MIAMI BEACH, FL 3314 | 10 | | | | |
| | | City/State and Zip Code | | | | | |
| | | pedro@menocalpartners.co | | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | | |
| For fur | ther information co | oncerning this matter, please ca | all: | | | | |
| PEDR | O MENOCAL | | 305 399-0905 at () | | | | |
| | Name of | f Person | | Telephone Number | | | |
| Enclose | ed is a check for th | ne following amount: | | | | | |
| \$25 | 5.00 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 enclosed) | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

| FORTERRA RADISSON RED MIAM | I, LLC | | | |
|---|---|--|-------------|--------------|
| (<u>Name of the Limited Li</u> (A F | ability Company as it now appears on our records.) orida Limited Liability Company) | | ···· | |
| The Articles of Organization for this Limited Liabilical Clorida document number L16000094678 | ity Company were filed on 05/13/2016 | 8 | and ass | igned |
| his amendment is submitted to amend the followin | g: | | | |
| A. If amending name, enter the new name of the | limited liability company here: | | | |
| FORTERRA RIVER LANDING, LLC | | | | |
| he new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the | he abbrevia | tion "L. | L.C." |
| Enter new principal offices address, if applicable | : | | | |
| Principal office address MUST BE A STREET A | DDRESS) | | | |
| Enter new mailing address, if applicable: | | <u> </u> | | |
| Mailing address MAY BE A POST OFFICE BOX | <u> </u> | 16 JUL 20 mae of the man the man the man the state of the | | |
| | | S):-/ | 20 | : Kre |
| 3. If amending the registered agent and/or r | registered office address on our records, <u>en</u> | ter the | | of :the |
| egistered agent and/or the new registered office | address here: | FLORID | CDD | |
| Name of New Registered Agent: | | - | U ., | - |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| _ | , Florida | | | |
| | City | Zij | p 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

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | 07/20/2 | 016 | | | | |
| Effective date, if other than the (If an effective date is listed, the date mode: If the date inserted in this document's effective date on the the record specifies a delayer. The 90th day after the record. | ast be specific and cannot be clock does not meet the ap Department of State's reco | plicable statutory fili ords. | ng requirements, this dat | g.) Pursuar e will not | t be list | ed as th |
| HH V 10 | 2016 | | | | | |
| Dated JULY 18 | , 2016 | | _ | | | |
| > | Musel | Alleke | خب | | | |
| | Signature of a member or | authorized representativ | e of a member | | | |
| | MIEL A. | MARKE | | | | |
| | Typed or | orinted name of signee | | | | |

Page 3 of 3

Filing Fee: \$25.00