Division of Corporations

→ 18506176383



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRH G40 PROPERTY OWNER, LLC

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pg 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION : OF.

→ 18506176383

PRH G40 PROPERTY OWNER, LLC				
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		-	
	ility Company were filed on 07/27/2021	and :	assigne	d
Florida document number L21000341550				
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO				
D. If amonding the registered agent and/or regis	istered office address on our records, <u>enter the na</u>	ime of the	new rei	vistere
agent and/or the new registered office address)		<u> </u>		
		37.4	2022	
Name of New Registered Agent:		<u></u> .	<u> </u>	
New Registered Office Address:		33.	<u>.</u>	
	Enter Florida street address		2 1	_ED
	, Florida, Florida, Florida,	<u>.</u>	4	·—·
	City	Zip Co	de∵. ⊄n	
New Registered Agent's Signature, if changing Reg	zistered Agent:	Ę	9	
I hereby accept the appointment as registered or provisions of all statutes relative to the proper	agent and agree to act in this capacity. I further of and complete performance of my duties, and I am	igree to co n familiar	mply wwith ar	vith 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 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>	<u>Name</u>	Address	Type of Act
Chairman	Perez, Jorge	2850 Tigertail Ave., Ste 800	
		Miami, FL 33133	Remove
			□Change
President	Perez, Jon Paul	2850 Tigertail Ave., Ste 800	■Add
		Miami, FL 33133	□Remove
			□Change
Vice President	Allen, Matthew	2850 Tigertail Ave., Ste 800	■Add
		Miami, FL 33133	□ Remove
			□Change
VP, Secretary. Treasurer	Hoyos, Jeffery	2850 Tigertail Ave., Ste 800	
		Miami, FL 33133	□ Remove
			□Change
ice President	Gerber, Ben	2850 Tigertail Ave., Ste 800	
		Miami, FL 33133	Remove
			Change
Authorized Representative	Perez, Nicholas	2850 Tigertail Avc., Ste 800	■Add
		Miami, FL 33133	□Remove
			□Change

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aocum	ient's effective date	; on the Departs	iem of State	s records.					
e recor rd is fil	d specifies a delaye led.	ed effective date.	but not an e	ffective time	e, at 12:01 a.r	n, on the earli	er of: (b)	The 90th day a	fter the
	August 12)22	<u>.</u> •				
Dated									
Dated	/s/ Joseph	Panholzer							
Dated	/s/ Joseph	Panholzer Signal	ure of a mem	ber or authori	zed representat	ive of a membe	<u></u> т		

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