Florida Department or State

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From:

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Account Number : 074222002135

Phone

: (305)789-8900

Fax Number

: (305)789-8953

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

ABRAHM. SMITH @, BAKERMCKENZIE. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALONG BAY HOLDINGS LLC

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EXAMINER

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H12000185931 3

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------|------------------------------------|--------------------------------------|---|--|
| SUBJI | FCT ¹ | Halong Ba | ay Holdings LLC | |
| | | | ted Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Picase | return all correspo | ondence concerning this matter | to the following: | |
| | | | Abrahm Smith | <u> </u> |
| | | | Name of Person | |
| | | . В | aker & McKenzie LLP | |
| | | | Firm/Company | |
| | | 1111 | Brickell Ave., Suite 1700 | |
| | | | Address | . . ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| | | 1 | Miami, Florida 33131 | |
| | | | City/State and Zip Code | ·—— |
| | | abrahm. | smith@bakermckenzie.co to be used for future annual report no | om rification) |
| For fu | rther information (| concerning this matter, please o | | , |
| | At | orahm Smith | at (_305_) | 789 8972 |
| | Name o | of Person | Area Code & Dayt | ime Telephone Number |
| Enclos | sed is a check for t | he following amount: | | |
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| | | ING ADDRESS: | | RIER ADDRESS: |
| | Regist Divisi | ration Section on of Corporations | Registration Sec Division of Corp | porations |
| | P.O. B | lax 6327 | Clifton Building 2661 Executive | |
| | t allah | assee, FL 32314 | 2001 EXOCUTIVE | Comer Cityle |

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halong Bay Holdings LLC

FILED

12 JUL 19 AM 8: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| (Name of the Limited Liability C (A Florida Lir | ompany as it now app nited Liability Compan | ears on our records.) | |
|--|--|---------------------------------|-------------------------|
| The Articles of Organization for this Limited Liability Cor Florida document numberL11000130615 | npany were filed on _ | November 16, 2011 | and assigned |
| This amendment is submitted to amend the following: | • | | |
| A. If amending name, enter the new name of the limite | d liability company l | here: | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Con | npany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | · |
| (Principal office address MUST BE A STREET ADDRE | = | | |
| | · | | |
| | | , | |
| Enter new mailing address, if applicable: | t <u>1</u> 4 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | n our records, <u>enter t</u> i | he name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida street addi | ress |
| | <u>.</u> <u>-</u> | , Florida | 7: 0 1 |
| | City | | Zip 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 608, 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

Page 1 of 2

H12000185931 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------------|--|--|--|
| MGR | POA Management Ltd. | 13615 S Dixie Hwy | . [7] Add |
| | | Suite 114-360 | □ Remove |
| | | Miami, Florida 33176 | |
| MGR | Carl R Pennington, III | 320 North First Street | □ Add |
| | | Suite 609 | ✓ Remove |
| | | Jacksonville Beach, FL 32250 | |
| MGR | Cristina G Johannpeter | 320 North First Street | Add |
| | | Suite 609 | Remove |
| | | Jacksonville Beach, FL 32250 | |
| | | | Add |
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| D. If amen | nding any other information, enter cha | nge(s) here: (Attdch additional sheets, if necessa | (ביניים |
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| Dated | July 19 | 2012 . | 一 |
| | | | FILED AM 8: 06 12 JUL 19 AM 8: 06 SECRETARE OF STATE TALLAMASSEE, FLORID |
| | • | bef or authorized representative of a member | P |
| | | Abrahm Smith, Esq. | |
| | • | Page 2 of 2 | |

Page 2 of 2

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