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то:	Registration Section Division of Corpor			
CUD II	OT.	Solares	Beach, LLC	
SUBJE	::	Name of Limi	ted Liability Company	
		nendment and fee(s) are sub	_	
riease	return an corresponde	ence concerning this matter	to the following:	
		Le	endy Pacho	
			Name of Person	
		Garcia, Espir	nosa, Miyares &	Co., LLP
			Firm/Company	
		100 Alr	neria Ave, STE	230
	Address			
		Coral	Gables, FL 331	34
	City/State and Zip Code			
	-		o@gemco-cpa.com to be used for future annual report noti	fication)
r e		·	·	, reality
ror iui		cerning this matter, please ca		0.45 4.000
	Lendy F	Pacho	at (305) 529-0 Area Code Daytin	345 ext 223
	Name of Pe	crson	Area Code Daytim	e Telephone Number
Enclos	ed is a check for the f	following amount:		
9 \$2	5.00 Filing Fcc	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Solares Beach, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L12000014324		01/31/2012	and assigned
This amendment is submitted to amend the following	,. ,,		
A. If amending name, enter the new name of the l	imited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words	"Limited Liability Company," the d	lesignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	Name of the last o		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reregistered agent and/or the new registered office a Name of New Registered Agent;	egistered office address on address here:	our records, enter	the name of the new
New Registered Office Address:	100 Almer	ia Ave, STE 230	
	Enter Florida street address		
	Coral Gables	, Florida	3 <u>ੱ</u> 3134 ^{ਵਸ}
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an			

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

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
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