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| Special Instructions to Filing Officer: |
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COVER LETTER

| | Registration Sec Division of Corp | | | | | | |
|------------|--------------------------------------|---|---|--|--|--|--|
| SUBJEC | | DLDEN, LLC | | | | | |
| SUBJEC | .1: | Name of Limi | ited Liability Company | | | | |
| The encle | osed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please ret | turn all correspoi | ndence concerning this matter | to the following: | | | | |
| | | Yacqueline Oliver | | | | | |
| | | | Name of Person | | | | |
| | | MIRAY GOLDEN, LLC | | | | | |
| | | Firm/Company | | | | | |
| | | Address Miami, FL 33166 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | City/State and Zip Code | | | | |
| | | nrodriguez@mazzonioffice: | | - | | | |
| | | | to be used for future annual report notifi | cation) | | | |
| For furth | er information co | oncerning this matter, please co | all: | | | | |
| Natasha | Rodriguez | | 786 603-5899 at () | | | | |
| | Name of | Person | | Telephone Number | | | |
| Enclosed | is a check for th | e following amount: | | | | | |
| □ \$25.0 | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRAY GOLDEN, LLC

| (Name of the Lim | ited Liability C (A Florida Lir | ompany as it now appears on omited Liability Company) | our records.) | |
|---|------------------------------------|---|---|----------|
| The Articles of Organization for this Limited Florida document number <u>L03000024523</u> | Liability Com | pany were filed on June 26 | , 2003 and assigned | ed |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited | l liability company here: | | |
| N/A | | | | |
| The new name must be distinguishable and contain the | words "Limited | Liability Company," the designation | ation "LLC" or the abbreviation "L.L.C. | •• |
| Enter new principal offices address, if appl | icable: | N/A | | |
| (Principal office address MUST BE A STRE | ET ADDRES | <u> </u> | | |
| | | | . 2 | |
| Enter new mailing address, if applicable: | | N/A | 2019 AUG | |
| (Mailing address MAY BE A POST OFFICE | EBOX) | | <u> </u> | |
| | | <u></u> | . ω | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | records, enter the name of | |
| | | | | - |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | N/A | | | |
| | | Enter Florida st. | reet address | |
| | N/A | | , Florida | |
| | | Cuy | 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 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

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> | <u>Address</u> | Type of Action |
|--------------|-----------------------|---------------------------------------|----------------|
| MGR | Alfieri Montes de Oca | 13618 SW 119TH AVE, MIAMI FL 33186 | Add |
| | | | □ Remove |
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| neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ste: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | N | notschka Montes de Oca, 32.7% |
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| AUGUST 20, 2019 ective date, if other than the date of filing: teffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 to 15 filing in the filing of the date on the date of filing or more than 90 days after filing.) Pursuant to 605.020 to 15 filing in the filing in the filing in the filing of the fil | A | fieri Montes de Oca, 32,7 |
| ective date, if other than the date of filing: | A | guasanta Rodriguez, 1,9 |
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| \mathcal{L} | The 9 | Oth day after the record is filed. |
| \mathcal{L} | ted A | UGUST 20 2019 |
| Signature of a member or authorized representative of a member | _ | |
| | | I # |

Page 3 of 3

Filing Fee: \$25.00