

To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003697063)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

----

To:	Division of Co	rporations	
		: (850)617-6383	
From:			
	Account Name	: SAUL, EWING, ARNSTEIN & LEHR, L	ĮΡ
	Account Number	: I20060000021	
	Phone	: (561)833-9800	
	Fax Number	: (561)655-5551	

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

Email Address: miacorpfiling@saul.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BATH CLUB ENTERTAINMENT, LLC

$\sim$	333 088 0745	Certificate of Status	0	<u>ن</u>	~>
L		Certified Copy	1		
		Page Count	03		
ł		Estimated Charge	\$55.00		
r t					<u>}</u>
				-	ين م

Electronic Filing Menu Corporate Filing Menu Help

OC1 52 5053

\_\_\_\_\_

<ul> <li>Page: 3 of 5</li> </ul>	2023-10-23 15 26 51 EDT	Saul Ewing LLP	From: Felíciano, Christina
	ARTICLES OF AME TO	NDMENT	(1123000369706-3)
	ARTICLES OF ORGA OF	NIZATION	
<b>•</b>			
BATH CLUB ENTE		an annum on our records )	······································
1.011	me of the Limited Liability Company as it n (A Florida Limited Liability C	on analysis on for receiver.	
The Articles of Organization for the Articles of Organization for the Plorida document number	his Limited Liability Company were fil 037365	ed on September 30, 2003	and assigned
This amendment is submitted to a	mend the following:		
A. If amending name, <u>enter the</u>	new name of the limited liability cor	npany here:	
The new name must be distinguishable a	nd contain the words "Limited Liability Comp	any," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices add	ress, if applicable:		
(Principal office address MUST)			
TTINCHAR DIFICE BUB CAS IN COST			
Enter new mailing address, if a <u>j</u> ( <u>Mailing address MAY BE A PO</u> B. If amending the registered a	oplicable: <u>ST OFFICE BOX)</u> gent and/or registered office address	on our records, <u>enter th</u>	
Enter new mailing address, if a <u>j</u> ( <u>Mailing address MAY BE A PO</u> B. If amending the registered a	oplicable: <u>ST OFFICE BOX)</u> gent and/or registered office address		
Enter new mailing address, if a <u>j</u> (Mailing address MAY BE A PO B. If amending the registered a	oplicable: <u>ST OFFICE BOX)</u> gent and/or registered office address office address here:		
Enter new mailing address, if a ( <i>Mailing address MAY BE A PO</i> B. If amending the registered a <u>agent and/or the new registered</u>	oplicable: <u>ST OFFICE BOX</u> ) gent and/or registered office address office address here: <u>d Agent</u> :		
Enter new mailing address, if a (Mailing address MAY BE A PO B. If amending the registered a agent and/or the new registered Name of New Registere	oplicable: <u>ST OFFICE BOX</u> ) gent and/or registered office address office address here: <u>d Agent</u> :	on our records, <u>enter th</u> Enter Floridastreet address	e name of the new registered
Enter new mailing address, if a (Mailing address MAY BE A PO B. If amending the registered a agent and/or the new registered Name of New Registere	oplicable: <u>ST OFFICE BOX</u> ) gent and/or registered office address office address here: <u>d Agent</u> :	on our records, <u>enter th</u> Enter Floridastreetaddress	da
Enter new mailing address, if a (Mailing address MAY BE A PO B. If amending the registered a agent and/or the new registered Name of New Registere	pplicable:	on our records, <u>enter th</u> Enter Floridastreetaddress	e name of the new registered
Enter new mailing address, if a (Mailing address MAY BE A PO B. If amending the registered a agent and/or the new registered Name of New Registered Name of New Registered New Registered Agent's Signature I hereby accept the appointment provisions of all statutes relative accept the obligations of my po	oplicable:	on our records, <u>enter th</u> Enter Floridastreet address Flori Flori mance of my duties, and d for in Chapter 605, F.	da Zip Code Ber agree to comply with the I am familiar with and S. Or. if this document is
Enter new mailing address, if a <u>(Mailing address MAY BE A PO</u> ) B. If amending the registered a <u>agent and/or the new registered</u> <u>Name of New Registered</u> <u>New Registered Office</u> <u>New Registered Office</u> <u>I hereby accept the appointment</u> provisions of all statutes relativ accept the obligations of my po- being filed to merely reflect a c	oplicable:	on our records, <u>enter th</u> Enter Floridastreet address Flori Flori mance of my duties, and d for in Chapter 605, F.	da ZipCode  wer agree to comply with the I am familiar with and S. Or. if this document is the limited liability

To:

MGR = M AMBR = A	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	RICCARDO USAL	5937 COLLINS AVENUE	🗆 Add
		MIAMI BEACH, FL 33140	
			□Change
AMBR	KEVIN SMITH	5937 COLLINS AVENUE	📃 🔤 Add
		MIAMI BEACH, FL 33140	Remove
			Change
	<u></u>		🗆 Add
			🗆 Remove
			Change
			🗆 Add
		<u> </u>	
			□ Change
	<u></u>		DPPY DPPY
			🛛 Remove
			🗆 Change

DAdd \_\_\_\_\_

To: Page: 4 of 5 2023-10-23 15:26:51 EDT Saul Ewing LLP From. Feliciano. Chr (H23000369706 3) If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added From, Feliciano, Christina R.

(H23000369706 3)

## D. If amending any other information, enter change(s) here: (Attachadditional sheets, if necessary.)

	·····		
		<b>1</b>	
· ·			

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:00 a.m. on the earlier of (b). The 90th day after the record is filed.

Dated August 01		
17-		
	Signature of a member or authorized representative of a member	
j l	- 0	
R. DONATIUE PEEBLI	ES. JR Typed or printed name of signee	

l yp