L050000022411

Florida Department of State
Division of Corporations
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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : AGI REGISTERED AGENTS, INC.
    Account Number : I20000000205
    Phone   : (305)416-6800
    Fax Number   : (305)416-6811

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

Email Address: _jose@agi-ra.com_

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 SEP 14 PM 1:11
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2021 SEP 14 AM 10:59
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BATH CLUB UNIT 15D, LLC

Certificate of Status	0
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BB 9/15/21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H21000339445 3)))

BATH CLUB UNIT 15D, LLC
<u>(Name of the Limited Liability Company as it now appears on our records.)</u>
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>March 4, 2005</u> and assigned
Florida document number <u>L05000022411</u>.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)   _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                 Enter Florida street address

_____, Florida _____
                    City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>Signature of New Registered Agent</u>

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Busquets, Jose	600 Grapetree Drive	☐ Add
		Unit 9BS	☒ Remove
		Key Biscayne, FL 33149	☐ Change
MGR	Blazquez de Busquets, Carmen E	600 Grapetree Drive	☐ Add
		Unit 9BS	☒ Remove
		Key Biscayne. FL 33149	☐ Change
MGR	Busquets Blazquez, Carmen Elena	Chalet Carmen	☒ Add
		Chemin de la Monritze 20	☐ Remove
		1936 Verbier, Switzerland	☐ Change
MGR	Busquets Blazquez, Maria Eugenia	1 Stafford Terrace	☒ Add
		Kensington, London	☐ Remove
		W8 7BJ, United Kingdom	☐ Change
MGR	Busquets Blazquez, Natalia Angelica	5959 Collins Ave.	☒ Add
		Unit 1504	☐ Remove
		Miami Beach. FL 33140	☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.) Pursuant 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 12:01 a.m. on the earlier of: (b) The 90th day after the
record is filed.

Dated September 14 _____, 2021

Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

Filing Fee: $25.00   (((H21000339445 3)))