

Division of Corporations

Page 1 of 2

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

From: Account Name : GARCIA LAW GROUP, P.A.
Account Number : I20110000085
Phone : (786) 431-5778
Fax Number : (305) 397-1920

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

Email Address: barbie@garcialawpa.com

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CASANOVA USA, LLC

Certificate of Status	0
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FEB 28 2014

T CLINE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casanova USA, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/22/2009 and assigned Florida document number L0900091430.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Grupo Hoteles Caribe, LLC

The new name must be distinguishable and end with 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)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrea Vezzani	c/o Garcia Law Group, P.A.	<input checked="" type="checkbox"/> Add
		999 Ponce de Leon, Suite 100	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 DIVISION OF CORPORATION

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

Five horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 25, 2014.

Signature of member or authorized representative of a member: *Diego Rovizzi*
Typed or printed name of signer: Diego Rovizzi

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