L11000090972

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | egistration Se ivision of Cor | | | |
|-------------|----------------------------------|--|---|--|
| SUBJECT | : | Miami Q8 Investmen | ts, LLC | |
| | | | ted Liability Company | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | nitted for filing. | |
| Please retu | rn all correspo | ndence concerning this matter | to the following: | |
| | | Bader Alhunaif | Name of Person | |
| | | Miami Q8 Inves | tmonto IIC | |
| | | mami do inves | Firm/Company | |
| | | 1100 Biscayne | Blvd., Unit. 5902 | |
| | | | Address | |
| | | Miami, FL 331 | 32-1703 City/State and Zip Code | |
| | | Bader@Miamiq8i | nvestments.com | |
| For further | information co | E-mail address: (o | to be used for future annual report noti | fication) |
| r or runner | miornation c | oncerning this matter, prease ec | | |
| Bade | r Alhunai | f Person | at (305) 333-85 Area Code Daytim | 92 e Telephone Number |
| | Name o | i reison | Alea Code Dayiiii | e reseptione Number |
| Enclosed is | s a check for th | ne following amount: | | |
| \$25.00 | 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) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co Tallahassee, FL 32 | on rations enter Circle |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Miami Q8 Investments, LLC | | | |
|---|---|--------------------------|--------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appear I Liability Company) | rs on our records.) | |
| Γhe Articles of Organization for this Limited Liability Compan | y were filed on | 8/8/11 | and assigned |
| Florida document number <u>L11000090972</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company h | ere: | |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company," the d | lesignation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | 7. B |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | ည်း မှာ |
| D. Years D. A. Harris and A. M. C. Maria | . 60% | | ₹# * |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | i our records, <u>er</u> | iter the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | pa . paj | | |
| | Enter Fio. | rida street address | |
| | City | , Florid | Zıp Code |
| New Registered Agent's Signature, if changing Registered Agent | • | | isp som |

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 |
|--------------|---|--|----------------|
| AMBR | Miami Q8 Holdings, Ltd. | 1100 Biscayne BLvd., #5902 | |
| | | Miami, FL 33132-1703 | ×⊠×Remove |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutory is | optional) or more than 90 days after filing.) Pursuant to 605.0207 (3 | 3)(b) he |
| Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective The 90th day after the record is filed. | or more than 90 days after filing.) Pursuant to 605.0207 (3 filing requirements, this date will not be listed as the | 3)(b) he |
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