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Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : I20070000148

Phone

: (305)671-0003

Fax Number

: (305)671-6263

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLAYA BONITA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

MAY 0 9 2013

D. BRUCE

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

PLAYA BONITA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing,

Please return all correspondence concerning this matter to the following:

AURELIO A PIEDRA

Name of Person

PIEDRA & COMPANY CPA

Firm/Company

9100 SOUTH DADELAND BLVD STE 912

Address

MIAMI, FL 33156

City/State and Zip Code

AURELIO@VARGASPIEDRA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AURELIO A PIEDRA

Name of Person

305,671-0003

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

U\$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

| PLAYA BONITA LLC | | | | |
|---|--|--|--------------------------|--|
| (Name of the Limited L (A F | lability Company lorida Limited Liz | v as it now appears on our records.) ability Company) | | |
| The Articles of Organization for this Limited Liability Company were filed on 05/04/2012 and assigned Florida document number L12000060502 | | | | |
| This amendment is submitted to amend the follow | /ing: | | | |
| A. If amending name, enter the new name of t | he limited liabil | ity company here: | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limite | ed Liability Company," the designation " | LLC" or the abbreviation | |
| Enter new principal offices address, if applicat | ole: | 9100 SOUTH DADELAND | BLVD STE 912 | |
| (Principal office address MUST BE A STREET | | MIAMI, FL 33156 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered agent and/or the new registered office | registered offi | 9100 SOUTH DADELAND MIAMI, FL 33156 ice address on our records, enter | ARY OF | |
| Name of New Registered Agent: | PIEDRA & | COMPANY CPA | | |
| New Registered Office Address: | 9100 SOUTH DADELAND BLVD STE 912 Enter Florida street address | | | |
| K A I A B A I | | | | |
| | MIAMI | , Florida 3 | Zip Code | |
| New Registered Agent's Signature, if changing Re | gistered 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 608, 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

Page 1 of 3

| If amending or Managin | g the Managers or Managing Members <u>e Member being added or removed fro</u> | s on our records, enter the title, name, and address of each Manage on our records: |
|------------------------|--|---|
| MGR = Ma MGRM = N | nager Janaging Member | |
| Title | Name | Address Type of Action |
| MGR | LOBA INVESTMENT GROUP, INC | 2501 S OCEAN DR STE 105 |
| | | HOLLYWOOD, FL. 33019 Remove |
| MGR | GUILLERMO KORYTNICKI | 9100 SOUTH DADELAND BLVD STE 912 |
| | | MIAMI, FL 33156 |
| | | Add |
| | | Add |
| | | Remove TA CRETARY OF STATE AHASSEEFLORIDA Remove |
| | | Add |

| D. If amending any other information, enter change(s | here: (Attach additional sheets, if necessary.) |
|--|---|
| | |
| | |
| | |
| | |
| Dated MAY 8 2013 | <u> </u> |
| | |
| GUILLERMO KORYTNI | authorized representative of a member |
| | printed name of signee |

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Filing Fee: \$25.00

FILED

2018 MAY -8 AM 10: 08

SECRETARY OF STATE