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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OCEANIC DAWN LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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T. HAMPTON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| O                                                                         | F                                                           | SSR -                 | 1      |
|---------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------|--------|
| OCEANIC DAWN LLC                                                          |                                                             | EFOF A                |        |
| Name of the Limited Linbilley Compa-<br>(A Florida Limited I              | ny as it now america on our records.)<br>.iability Company) | 7: 33                 | 114.60 |
| The Articles of Organization for this Limited Liability Company           | were filed on 01/23/2013                                    | and assigned          |        |
| Torida document number L13000011336                                       |                                                             |                       |        |
| This amendment is submitted to amend the following:                       |                                                             | •                     |        |
| 1. If amending name, enter the new name of the limited liab               | ility company here:                                         |                       |        |
| The new name must be distinguishable and end with the words "Limited Link | ality Company " the designation "T I C" - the               | Okhansiatina 19 7 C 9 |        |
| Enter new principal offices address, if applicable:                       | 3370 Mary Street                                            | RODIGVIELDIE L.C.C.   |        |
| Principal office address MUST BE A STREET ADDRESS                         | Miami Florida 33133                                         | •                     |        |
|                                                                           |                                                             |                       | _      |
| Enter new mailing address, if applicable:                                 | 3370 Mary Street                                            |                       |        |
| Malling address MAY BE A POST OFFICE BOX                                  | Miami Florida 33133                                         |                       | _      |
|                                                                           |                                                             |                       | _      |
| B. If amending the registered agent and/or registered of                  |                                                             | the name of the       | . new  |
| registered agent and/or the new registered office address her             | <b>E:</b>                                                   |                       |        |
|                                                                           |                                                             |                       |        |

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

3370 Mary Street

Miami

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida 33133

Zip Code

Page 1 of 3

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> | Name        | Address                     | Type of Action                         |
|--------------|-------------|-----------------------------|----------------------------------------|
| MGR          | Luca Rigoli | 2601 S.Bayshore Dr. Ste 725 |                                        |
|              |             | Miami FL 33133              | Remove .                               |
| MGR          | Luca Rigoli | 3370 Mary Street            | Add                                    |
|              |             | Miami FL 33133              | ☐ Remove                               |
|              |             |                             |                                        |
|              |             |                             | D Remove                               |
|              |             |                             | 🗀 Add                                  |
|              |             |                             | Remove                                 |
| ·····        |             |                             | D Add                                  |
|              | •           |                             | Rémove                                 |
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|              |             |                             | 음 3.                                   |

| amending any other information, enter cha                                                                                                                                                          | ange(s) here: (Attach additional sheets,                        | if necessary,                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------|
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| offective date must be specific, cannot be prior to date date this document is filed by the Florida Department and December 1                                                                      | of receipt or filed date and cannot be more than 9 of Seate)    | (optional)<br>00 days after  |
| ective date, if other than the date of filing: offective date must be specific, cannot be prior to date date this document is filed by the Florida Department and December 1  Luca Rigoli, Manager | of receipt or filed date and cannot be more than 9 of Seate)    | (optional)<br>00 days after  |

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