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Folian Department of State

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Intercular Functions

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: | | | · 11. ********************************** | |
| | Division of Co | rporations | | - ' |
| | | : (850)617-6383 | | 1 38 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
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| t tom. | Account Name | : EXPRESS CORPORATE | FILING SE | RVICE HO |
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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 MAZAL TOV 18 LLC

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MAZAL TOV 18 LLC | | |
|---|---|---------------------------------------|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on ou uted Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Com- Florida document number L13000020181 | opany were filed on 02/08/20 | 213 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | 5. 53 |
| | _ | EG C T |
| | | |
| Enter new mailing address, if applicable: | | <u></u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | F0 10 *** |
| | | AM O |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | ed office address on our rec s here: | ords, enter the name of the nev |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| tow toguerod Origo Address. | Enter Flor | ida street address |
| | | _, Florida |
| | City | 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 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title | <u>Name</u> | | Type of Action |
|-------|--------------------------|-----------------------|-----------------|
| MGRM | RAQUEL SILVERA DE PAEZ | 13501 SW 128TH STREET | Add |
| | | STE: 202 | √ Remove |
| | | MIAMI, FL 33186 | |
| MGRM | ALAN PEREZ SILVERA | 13501 SW 128TH STREET | Add |
| | | STE: 202 | Remove |
| | | MIAMI, FL 33186 | |
| MGRM | RONNY PAEZ SILVERA | 13501 SW 128TH STREET | Add |
| | | STE: 202 | Remove |
| | | MIAMI, FL 33186 | |
| MGRM | PREMIER 4 INVESTMENT LTD | 13501 SW 128TH STREET | Add |
| | | STE: 202 | Remove |
| | | MIAMI, FL 33186 | 10: 09 |
| | | | Add |
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| | ion, enter change(s) here: (Attach additional sheets, if necessary.) E OF THE MGRM FERNANDO PAEZ HUERTA "1%" |
|------------------------|--|
| PLEASE ADD IN THE TITL | E OF THE MGRM PREMIER 4 INVESTMENT LTD "99%" |
| | |
| _{ed} JULY 8 | 2013 |
| Jorna | nde Paez Kuerto |
| N Sign | ature of a member or authorized representative of a member |
| FERNANDO PA | |

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