Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MG LUXURY RENTALS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H18000353739 3

ARTICLES OF AMENDMENT TQ ARTICLES OF ORGANIZATION OF

| | G LUXURY RE | | | |
|--|---|---|----------------|----------------------|
| Name of the Limited | Liabdite Compa Piorida Limiteo I | ny ng it now appears on our records.) Induity Company) | | |
| The Articles of Organization for this Limited Liab Fiorlia document number L13000104255 | ellity Company | were filed on 2/23/13 | _ and assigned | |
| This amendment is submitted to amend the follow | ing: | | ₩ 🔻 | 29 |
| A. If amending name, enter the new name of t | <u>be Unrited liab</u> | lity company here: | | = |
| HHA TWO, LLC | | | # # # # # # | . 유 |
| The new name most be distinguishable and contain the wor | és "Unerbod Liabil | ity Company," the designation "LLC" or the abbe- | | <u>رئ</u> |
| Enter new principal offices address, if applical | ole: | c/o Glenmont Capital Management | <u> </u> | 2016 DEC 13 AM11: 03 |
| (Principal office address MUST BE A STREET | | 1345 Avenue of the Americas, 42ad Floor | గ్రా | . >> |
| 17 mer per oy) ee anar ee beees | | New York, NY 10105 | <u> </u> | 1 C |
| Enter new mailing address, if applicable: Molling address MAY BE A POST OFFICE BOX) | | c/o Glenmont Capital Management | ORIN ORID | 1: 03 |
| | | 1345 Avenue of the Americas, 42nd Floor | | • |
| | | New York, NY 10105 | | _ |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | registered of seaddress her | ffice address on our records, <u>enter ti</u> g: | neme of the r | <u>sew</u> |
| Name of New Registered Agent | | | | - |
| New Registered Office Address; | c/o Swerdiow Group, 2901 Florida Avenue, Suite #806 Ditar Florida street address | | | |
| | | | | |
| | Coconst Grove | | 13 | - |
| | | City | Ztp 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 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.

Page 1 of 3

H18000353739 3

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

| Title | Name | Address | Type of Action |
|-------|----------------|--|----------------|
| VP | Eva Garcia | 241 Riverside Drive, Suite105 | 🗆 Add |
| | | Holly Hill, FL 32117 | ■ Remove |
| | | | ☐ Change |
| MGR | Lawrence Urman | 1345 Avenue of the Americas, 42nd Floor | |
| | | New York, NY 10105 | ☐ Remove |
| | | | C Change |
| | | | □ Add |
| | | | A A D Change |
| | | | 3 AME FLORE |
| | | | ☐ Change |
| | | | D Add |
| | | | ☐ Remove |
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| Effective date, if oth | her than the date of fili | ing: und cannot be prior to date of f | (0; | ptional) | |
| If an offective date is lists Note: If the date inse | ed, the date must be specific a | nd cannot be prior to date of f t meet the applicable statut | iling or more than 90 days a orv filing requirements, : | fter filing.) Purs this date will : | amm to 605.020 not be listed a |
| document's effective | date on the Department of | f State's records. | • 0 7 | | |
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| ne record specifie | s a delayed effective Ter the record is filed | date, but not an effe | ective time, at 12:0 | La.m>on t | he earlier o |
| tue anni day ai | ret the record is mer | υ. | | Дэ. эг Ээ, гү | ≅ €3 |
| Dated December 3 | 1 | 2018 | | A. F. A. | DEC. |
| Dateui | <u> </u> | _,· | | (f) | FIL. |
| Alino: | nee Mia | · | | | قب حد |
| | Signature of | a member or authorized repre | sentative of a member | ~ , | TR |
| 3 | Digitator of | | | S [≱]; OR!D | |

Page 3 of 3

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