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.

(((H16000108625 3)))



H160001088253ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)675-5944

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

| Email | NAA.  | nace i |
|-------|-------|--------|
| CIRST | . Muu | 1233:  |

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

## PRINCESS LAUREN, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

J SHIVERS

Electronic Filing Menu Corporate Filing Menu

Help

LAZARUS

PAGE 01/05

5/3/2018 10:38:04 AM PAGE

1/001

Fax Server



May 3, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

PRINCESS LAUREN, LLC 6200 NW 7 STREET, #260715 MIAMI, FL 33126

SUBJECT: PRINCESS LAUREN, LLC

REF: L13000122072

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please indicate if you are adding or removing MGR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered about ---

If you have any questions concerning the filing of your document, please oall (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: 816000108625 Letter Number: 416A00009120

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000108525

| Princess Lau   | iren, LLC                               |  |   |  |  |
|--|---|--|---|--|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | y as it now appears<br>ability Company) | s on our records.)                         | <del></del>                                 |  |  |
| The Articles of Organization for this Limited Liability Company w  | 08/28/2013 and assigned                 |  |   |  |  |
| Florida document number L13000122072   |   |  |   |  |  |
| This amendment is submitted to amend the following:  |   |  |   |  |  |
| A. If amending name, enter the new name of the limited liability   | ity company her                         | <u>re</u> :                                |   |  |  |
| The new name must be distinguishable and end with the words "Limited Liability   | ty Company," the d                      | lesignation "LLC" or the                   | abbreviation "L.L.C."                       |  |  |
| Enter new principal offices address, if applicable:  |   |  |   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  | 章 5   |  |  |
|  |   | <del>-</del> -                             | 2278  |  |  |
|  |   |  | · 经基本                                       |  |  |
| Enter new mailing address, if applicable:  | ·                                       |  | SSE W Fran                                  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |   |  |  |
|  | <u> </u>                                |  | 7: 7  |  |  |
|  |   |  | <b>西震 •</b> 的                               |  |  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:   |   | our records, enter                         | rithe name of the new                       |  |  |
|  |   |  |   |  |  |
| Name of New Registered Agent:  |   |  |   |  |  |
| Now Devices of OSC Address   |   |  |   |  |  |
| New Registered Office Address:  Enter Florida 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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of tovided for in C          | my duties, and I am<br>hapter 605, F.S. Or | familiar with and<br>r, if this document is |  |  |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

## H16000108525-8

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

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action 6200 NW 7 Street, #260715 G Add Eugenio M. Fernandez Miami, FL 33126 Remove MGR Eugenio M. Fernandez 6200 NW 75+ MIAMI FL 33126 \_🗀 Add .□ Add □ Add ☐ Remove ☐ Add 🛚 Remove

|             |  |                               |                           |                                   | , , , d= 00, 00    |
|-------------|--|-------------------------------|---------------------------|-----------------------------------|--------------------|
| <b>D.</b> 3 | if amending any other information, e   | nter change(s) here:          | : (Attach additional      | H-160 (<br>sheets, if necessary.) | 901085 <b>25</b> - |
|             |  |                               |                           |                                   |                    |
|             |  |                               |                           |                                   | <del>-</del>       |
|             |  | <u> </u>                      |                           | -                                 | <del>-</del> .     |
| <b>E.</b> ] | Effective date, if other than the date of the effective date must be specific, cannot be prothed date this document is filed by the Florida De | or to date of receipt or file | ed date and cannot be me  | (optional) ore than 90 days after | _                  |
|             | Dated April 29th   | 2010                          | ).                        |                                   |                    |
|             | Jeannette Giraldo  | re of a member or author      | rized representative of a | member                            |                    |
|             |  |                               | name of signee            |                                   | <del>_</del>       |

Page 3 of 3

Filing Fee: \$25.00