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K. SALY NOV - 8 2016

COVER LETTER

TO: Registration Sectorial Division of Corp			
SUBJECT: Cay	Two Doral, LA	<u> </u>	
0	Name of Limi	ited Liability Company	**
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Gilda Scia	rre Ha Name of Person	
		Firm/Company	
	10444 NW (6154.	
``. *	Doral FC 33		
		City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information cor	ncerning this matter, please ca	ıll:	
Gilda Sci	airetta	at (<u>786</u>) <u>879-2</u> Area Code Daytime	2626
Name of l	Person	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)	□ \$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

2016 NOV -7 PM 3:21

TALLAHASSEE. FLORID.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/22/2013 and assigned

Florida document number 13000147475

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

[Principal office address MUST BE A STREET ADDRESS]

[Pola Flag 133178]

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

| Doval 71 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Gilda Sciacatta

New Registered Office Address: 10444 NW 61 St

City Florida 33178

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00