

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H14000105323 3)))



H14000105323ABCT

**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 : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HARD ROCK ARUBA LLC

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

RECEIVED

14 MAY -2 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY -2 AM 8:16

FILED

Electronic Filing Menu

Corporate Filing Menu

ShHelp MAY 05 2014

H14000105323

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Hard Rock Aruba LLC**

(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 04-25-14 and assigned  
Florida document number L140000067394

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14 MAY - 2 04 18 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Julia Hernandez - Munoz

New Registered Office Address:

1431 S Miami Ave Apt # 311

Enter Florida street address

Miami  
City

Florida

33130  
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.

J Hernandez M

If Changing Registered Agent, Signature of New Registered Agent

H14000105323

H14000105323

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 | Name          | Address                                    | Type of Action  |
|-------|---------------|--|---|
| AMBR  | Alberto Dalva | 14515 Miami Ave Apt<br>#311 Miami FL 33150 | <input checked="" type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
|       |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
|       |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
|       |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
|       |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
|       |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Add TAX ID -> 46-5494342

Dated \_\_\_\_\_

*J. Hernani*

Signature of a member or authorized representative of a member

Julia I. Hernani-Nunez

Typed or printed name of signee

H14000105323