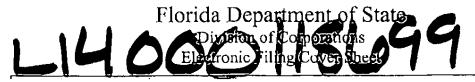
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 : (305)416-6800 Phone : (305)416-6811 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VENETIAN ONE LLC**

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JUL 19 2022

K. Brumbley

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENETIAN ONE, LLC					
(Name of the Limit	ed Llability Company a (A Florida Limited Liabi	s It now appears on our re lity Company)	cords.)		
The Articles of Organization for this Limited Li Florida document number <u>L14000118699</u>	ability Company we	re filed on <u>07/28/2014</u>	aı	ıd assign	acd
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability (	Company," the designation '	'LLC" or the abbreviat	ion "L.L.C	\ 13
Enter new principal offices address, if applic	able: _		<del></del>	<del></del>	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address.  Name of New Registered Agent:	egistered office add		nter the name of the	ne new r 2022 July	egistered
New Registered Office Address:	1000 BRICKELL	AVENUE, SUITE 300			
	MIAMI	Enter Florida street a	, Florida 33131 Zip	Colin	
New Registered Agent's Signature, if changing I	Registered Agent:	J.,		55	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete pe stered agent as pro registered office ad	rformance of my dutie vided for in Chapter 6	s, and Lam famili 105, F.S. Or, if this	ar with a s docum	and

(((H22000243162 3)))
If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
	•		□Add
			□Remove
			Change
			□ Add
			Remove
			☐ Change
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ffective date, if other than the	e date of filing:		(option	al)
ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b	ist be specific and cannot be	prior to date of filing or n	more than 90 days after fill	ng.) Pursuant to 605.0207 (3)
ocument's effective date on the I	Department of State's rec	ords.		
record specifies a delayed effective	ve date, but not an effecti	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d is filed.  JULY 18  Dated	, 2022	— W/ <i>0</i> //	/	