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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

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

Email Address: Cayon @hcockvisus.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIVA58 HOLDINGS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viva58 Holdings LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny a <u>vit now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/11/2015	and assigned
Florida document number L15000026029		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	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)		
B. If amending the registered agent and/or registered office:	address on our records, enter the nat	ne of the new registered
agent and/or the new registered office address here:	<u></u>	20
		22 AL EORE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddress	SEC SERVICE
	, Florida	~ To Cole
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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

Fax: (850) 617-6383 (T/ LLUVULU LL 20 5)

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

From: Chelsea Menendez

Title	<u>Name</u>	Address	Type of Action
MGR	CARVALHAES, ANTONIO C	1717 N BAYSHORE DRIVE SUITE # 102	DAdd
		MIAMI, FL 33132	■Remove
			□Change
MGR	CARVALHAES, CELI	1717 N BAYSHORE DRIVE SUITE # 102	⊟Add
		MIAMI, FL 33132	■Remove
			Change
MGRM	CARVALHAES, ANDREA	1717 N BAYSHORE DRIVE SUITE # 102	□Add
		MIANII, FL 33132	Remove
			□Change
MGRM	CARVALHAES, FABIANA	1717 N BAYSHORE DRIVE SUITE # 102	DAdd
		MIAMI, FL 33132	Remove
			DChange
MGR	CARVALHAES, ANDREA	1717 N BAYSHORE DRIVE SUITE # 102	
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		MIAMI, FL 33132	□Remove
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