

NOV 28, 2018 07:37 AM
11/28/2018

To: 18500176383

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From: Sily Heslin Law

Fax: 8558732519

Division of Corporations

Florida Department of State

Division of Corporations

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

Email Address: Jen@SilyHeslin.com

**LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN
FORHOTEL1, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04

T. CLINE

NOV 29 2018

EXAMINER

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

FORHOTEL 1, 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 07/15/2015 and assigned
Florida document number L15000121680.

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)

201 ALHAMBRA CIRCLE

SUITE 701

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 ALHAMBRA CIRCLE

SUITE 701

CORAL GABLES, FL 33134

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:

LOPEZ LEVI LOWENSTEIN GLINSKY, P.A.

New Registered Office Address:

201 ALHAMBRA CIRCLE, SUITE 701

Enter Florida street address

CORAL GABLES

City

Florida 33134

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>	<u>Address</u>	<u>Type of Action</u>
MGR	REINALDO PISCOPO	AV. LAVANDISCA 777 - 12 ANDAR, CJ.122, MOEMA	<input type="checkbox"/> Add
		SAO PAULO, SP 04515-011 BRAZIL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FORMANAGER, LLC	201 ALHAMBRA CIRCLE SUITE 701	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF STATE
ALABAMA, FLORIDA

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E. Effective date, if other than the date of filing: November 23, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 23, 2018

Signature of a member or authorized representative of a member

REINALDO PISCOPO

Typed or printed name of signee