Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name | CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)694-1639

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

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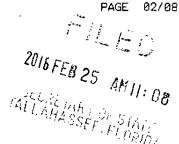
Electronic Filing Menu

Corporate Filing Menu

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K. S.Y.Y EXAMINER TWELVE MIAMI LLC

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



(Name of the Limited Lie bility Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L16000023363</u>	ny were filed on 02/03/2016 and assigned
This amendment is submitted to amend the following:	
A. If smending name, enter the new name of the limited its	ability company here:
The new name must be distinguishable and contain the words "Limited Lin	ability 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)	
•	1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
New CN Deliver LA	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	770 4 3 °-

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	Name	Address	Type of Action
P	CAMILO E MARTIN	7335 NW 36TH STREET MIAMI, FL 33166	□ Add
	:	•	■ Remove
	· :		Change
VP	CAMILO A. MARTIN	7335 NW 36TH STREET MIAMI, FL 33166	□ Add
			B.Remove C
			O Change
3	CAMILO E MARTIN	7335 NW 36TH STREET MIAMI, FL 33166	■ Remove
			■ Remove
	:		Change
MGR	CAMILO E MARTIN	7335 NW 36TH STREET MIAMI, FL 33166	□ Add
			■ Remove
	:		C Change
MOR	Twelve Entertainment Group LLC	4937 SW 74th Court, Suite 3	
	Miami, FL 33155	□ Rеточе	
			□ Changé
	Twelve Entertainment Group LLC		□ Add
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icd_	February 24, 2016
	Signature of a member or authorized representative of a member
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Page 3 of 3

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