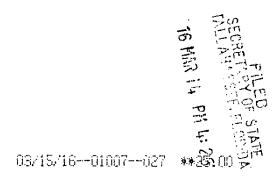
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone#),
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	1
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Certified Copies	· Certificates of	f Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor			
SHD IE	BATH CLU	UB INVESTMENTS 1906, LL	C, A FL LLC	
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CARMINE ZAYOUN		
			Name of Person	16 MIN 14
			Firm/Company	
1717 N. BAYSHORE DRIVE, STE 213		To more		
			Address	# F85
		MIAMI, FL 33132		25 GA
		czayoun@groupeheafey.com	City/State and Zip Code	
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notific	ation)
			at ()	
	Name o	f Person	Area Code Daytime 1	Celephone Number
Enclosed	l is a check for t	he following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATH CLUB INVESTMENTS 19			
(<u>Name of the Lim</u>	ited Liability Company as it i (A Florida Limited Liability (now appears on our records.) Company)	
The Articles of Organization for this Limited I	Liability Company were fi	led on 2/26/16	and assigned
Florida document number <u>L16000038914</u>	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability cor	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if appli	cable:		7SE
(Principal office address MUST BE A STRE	ET ADDRESS)		一
			7 70
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2 70
			* 57 E
			<u>م</u> م
B. If amending the registered agent and registered agent and/or the new registered of	_	ldress on our records, <u>ente</u>	the name of the nev
Name of New Registered Agent:	CARMINE ZAYOUN	·	
New Registered Office Address:	1717 N. BAYSHORE D	DRIVE, STE 213	
		Enter Florida street address	1-
	MIAMI	, Florida 3	3132
	City	,	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = M$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			DAdd
			□ Remove
			Change Ch
			# 13-4FG
			□ Remove 191
	 		Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
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******	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:	0207 (3) d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
1116		
Dated	March 11 2016	
	Signature of a member or authorized representative of a member	
	Carmine Tryoun. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00