

L16000089032

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
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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.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
5400 DAVIE ROAD, LLC**

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SEP 07 2016

Electronic Filing Menu

Corporate Filing Menu

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

5400 Davis Road, 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 05/10/2016 and assigned
Florida document number L16000089032

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)

c/o Delphinus Holdings Inc.

2525 Ponce De Leon Blvd., Suite 300

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Delphinus Holdings Inc.

2525 Ponce De Leon Blvd., Suite 300

Coral Gables, Florida 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:

New Registered Office Address:

Enter Florida street address

City Florida

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	Jocelyne Hernandez	1000 Brickell Ave	<input type="checkbox"/> Add
		Suite 480	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33131	<input type="checkbox"/> Change
MGR	Jocelyne Hernandez	c/o Delphinus Holdings Inc.	<input checked="" type="checkbox"/> Add
		2525 Ponce De Leon Blvd	<input type="checkbox"/> Remove
		Suite 300, Coral Gables, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 SEP -6 AM 10:39

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-19-2010 BY 60322 UCBAW

E. Effective date, if other than the date of filing: _____ (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 September 6 2016

[Signature]
Signature of _____

Signature of a member or authorized representative of a member

Typed or printed name of signer