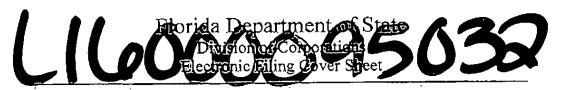
Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000100329 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 : (954)389-1333 Phone

: (954)389-1397 Fax Number

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

| Email | Address | : | | |
|-------|---------|---|--|--|
|-------|---------|---|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1104 SOUTH STREET LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | H STREET, LLC | |
|---|---|-----------------------------|
| (Name of the Limited Liability Com (A Florida Limite | inany as it now appears on our records. ed Liability Company) |) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on 5/16/16 | and assigned |
| Florida document number L16000095032 | 1 3 | |
| This amendment is submitted to amend the following: | es. | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" | or the abbreviation "ES.C." |
| Enter new principal offices address, if applicable: | | 22 2 |
| (Principal office address MUST BE A STREET ADDRESS) | · | 265 - M |
| Enter new mailing address, if applicable: | | 200 A |
| (Mailing address MAY BE A POST OFFICE BOX) | | 200 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records here: | , enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres. | s |
| | Flo | orida |
| | 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 man | age, enter the title, name, and address of each person being added |
|--|--|
| or removed from our records: | |

| MGR = AMBR = | Manager Authorized | Member |
|-----------------|-----------------------|--------|
| Title | Name | |

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------------------------------|-------------------------|--|
| MGR | Diamond Dynasty Group Holdings, LLC | 2851 NE 183 St., #1408E | |
| | | Aventura, FL 33::80 | Remove |
| | | | Change |
| MGR | Sylvia Pinto De Weinberg | 2851 NE 183 St., #1408E | Add |
| | | Aventura, FL 33180 | Remove |
| | | | Change |
| | | N _{2.1} | DAdd |
| | | | ☐ Remove |
| | | | Change |
| | | 1.5 | Z N N THE STATE OF |
| | | | TO CHARGE |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

D.

| | | | |
|--|-------------------------------------|---------------------|----------------------------|
| | <u> </u> | | |
| | | | |
| | , | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be pte: If the date inserted in this block does not meet the a comment's effective date on the Department of State's rec | cords. | | |
| record specifies a delayed effective date, bu | it not an effective time, | at 12:01 a.m. on th | ne earlier of: |
| The 90th day after the record is filed. | •• | | 2018 SCC TALL |
| | | | , |
| W 03 - 28 10 | | | |
| ated \(\sigma \) 03 - 28 - 18 | | : | AHAR A |
| ared 03-28-18. | | | 4R 29 |
| 1 | r multiorizad representinive of a m | ember | inc. N |

Page 3 of 3 Filing Fee: \$25.00