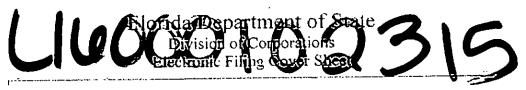
Division of Corporations



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.

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CC DORAL II, LLC

Certificate of Status	1
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Page Count	03
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Help

THARRIS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC DORAL II, LLC						
(Name of the Limit	ed Liability Compr (A Florida Limited)	iny as it nuw noncass o Liability Company)	n our records.)			
The Articles of Organization for this Limited Li Florida document number L16000102315	ability Company	were filed on 05/15	/2016	_ and as	signed	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited ligh	oility company here	:			
Doral 4200 Holdings, LLC			_			ع.و. د د
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desi	gnation "LLC" or the abbi	evistion "l.	"I"C."	
Enter new principal offices address, if applic	able:	nra			2	
(Principal office address MUST BE A STREE	(T-ADDRESS)					د ده منها ای
A main Leaves and a second a second and a second a second and a second a second and					<u>-5</u>	
				1.	(3 (3	·· ·
Enter new mailing address, if applicable:		n/a		••	•••	
•	12/13/1				<u> </u>	· .
(Mailing address MAY BE A POST OFFICE BOX)						 -
						
B. If amending the registered agent and registered agent and/or the new registered of	or registered of ffice address he	office address on o	our records, enter t	he 'name	of the	: new
Name of New Registered Agent:	n/a					
New Registered Office Address:	((***********************************	Eruer Florid	a street uddress			
			. Florida			
		Ciţv		Zip Code	e	_

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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Luthorized Member	No changes	
Title	Name	Address	Type of Action
			Add
			☐ Remove
		***************************************	Change
	·		☐ Add
			☐ Remove
			☐ Change
			D Add
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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