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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ ARRIETA & DIAZ-SILVEIRA/LLP

Account Number: I20130000001 Phone : (305)740-1940 Fax Number : (305)740-1941

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

Email Address: bcanida@aadslaw.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STORM BB2, LLC

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From Alvarez Arrieta DiazSilveira 1.305.873.8716 Mon Jul 11 09:11:19 2016 EDT Page 2 of 4 DocuSign Envelope ID: 494322E7-A95B-4C0B-BE71-DF1A6E0F622D AKIICLES OF AMENDMENT

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STORM BB2, LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company	y were filed on <u>5/26/2016</u>	and assigned			
Florida document number I-16000103779	•				
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 Liab	ility Company," the designation "I	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		16 · ·			
		Sa E T			
		12 TO 188.8			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		in a little and a			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ords, <u>enter the name of the</u>			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street ad	dress			
	MINEL LIOLING PLEEL KIN				
	City ,	, Florida Zip Code			
	City	zap com			

## 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

From Alvarez Arrieta DiazSilveira 1.305.873.8716 Mon Jul 11 09:11:19 2016 EDT Page 3 of 4

DocuSign Envelope ID: 484322E7-A95B-4C0B-BE71-DF1A6E0F622D
in amending Authorized rerson(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>	Address	Type of Action
MGR	Gunther Grineberg	2980 McFarlane Road	<b>■</b> Add
		Miami, FL 33133	Remove
			☐ Change
			Add
			_ □ Remove
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fective date, if other than the da	e specific and cannot be prior to date of filing of more than 90 da c does not meet the applicable statutory filing requirement	nts, this date will not be listed
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n effective date is listed, the date must be <a href="https://www.neetes.org/neetes.org/neetes">https://www.neetes.org/ne</a>	ffective date, but not an effective time, at 12 d is filed.  2016  Docusigned by:  enature of a member of a member	SECRETAR AHASS

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