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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP

Account Number : 120060000145

Phone : (305)769-4936 Fax Number : (305)769-1844

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Page: 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MIAMI SHO	E, LLC.				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/26/2016		and assig	med
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company hei	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" o	or the abbrevia	tion "L.L.	C."
ter new principal offices address, if applicable: 2431 MAIN STREET STE 225		25			
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR FL 33025				
Enter new mailing address, if applicable:					·
(Mailing address MAY BE A POST OFFICE BOX)			•	262	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter th</u>	e name of t	he new	registe
Name of New Registered Agent:	ERIC SOC	ARRAS		— స — -కై	9
New Registered Office Address:	430 NW 1		· · · · · · · · · · · · · · · · · · ·	26	
		da str e et address			
P	EMBROKE PINES	, Flori		6	
	City		Zij	o 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>	Address	Type of Action
AMBR	GENARO SOCARRAS	11560 S QUAYSIDE DR	☐Add
		COOPER CITY FL 33026	Remove
			,
			ClAdd
			Remove
			☐Change
			□Add
			Remove
			Change
			DAdd
			Remove
			Change
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			Remove
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<u>vote:</u> if the da	e is listed, the date must be sp te inserted in this block do	es not meet the	applicable stat	t tiling or more the utory filing requ	in 90 days after fill pirements, this di	ng.) Pursuant to 605 atc will not be liste	.0207 (ed as t
locument's effe	ective date on the Departn	nent of State's re	ecords.				
record specific d is filed.	s a delayed effective date	but not an effe	ctive time, at 13	2:01 a.m. on the	earlier of: (b)	The 90th day after	the
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Dated		<u> </u>	·				
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		ore of a member of	or authorized rep	resentative of a m	ember		
,		ERIC SC	OCARRAS				
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