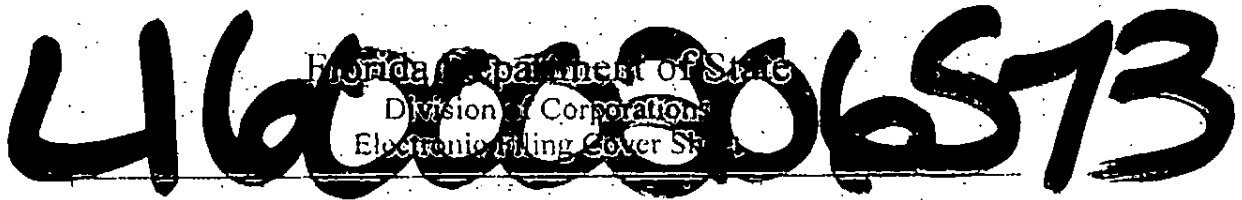


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the tax 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) 617-6363

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP
Account Number : 120060000021
Phone : (561) 933-9800
Fax Number : (561) 655-5551

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

Email Address: marketing@legacy-travel.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BROTTO INVESTMENTS BEACH JACKSONVILLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 NOV - 1 PM 2:17
JACKSONVILLE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BROTTO INVESTMENTS BEACH JACKSONVILLE 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 11/09/2016 and assigned
Florida document number L16000206573

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 "LLC."

Enter new principal office address, if applicable:

8681 W Irlo Bronson Memorial HWY, Suite 124

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, Florida 34747

Enter new mailing address, if applicable:

8681 W Irlo Bronson Memorial HWY, Suite 124

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, Florida 34747

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:

Goncalves Gomes, Jorge L.

New Registered Office Address:

8681 W Irlo Bronson Memorial HWY, Suite 124

Enter Florida street address

Kissimmee

Florida 34747

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

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TALLAHASSEE, FLORIDA

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GONCALVES GOMES, JORGE L	8681 W Irlo Bronson Memorial HWY	☐ Add
		Suite 124	☐ Remove
		Kissimmee, FL 34747	☒ Change
MGR	PLATENIK GONCALVES, VANIA M	8681 W Irlo Bronson Memorial HWY	☐ Add
		Suite 124	☐ Remove
		Kissimmee, FL 34747	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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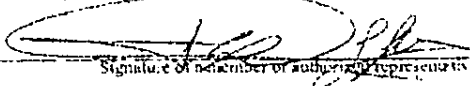
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 10/31/2019
Signature of member or authorized representative of a member

Jorge L. Goncalves Gomes

Typed or printed name of signer

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Filing Fee: \$25.00

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