LIMCOUCTAY

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N. CAUSSEAUX JUN 1 6 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MWR SAMI, LLC (L17000006724)	
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma-	tter to:
P.TRISTAN BOURGOIGNIE	
(Contact Person)	
TRISTAN BOURGOIGNIE, P.A.	
(Firm Company)	
5975 SUNSET DRIVE, #603	
(Address)	-
SOUTH MIAMI, FL 33143	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
T. BOURGOIGNIE 30	05 2000350
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the FI ■ \$25 Filing Fee □ \$5:	lorida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee Florida 32301	

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWR SAMI, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000006724</u>	ompany were filed on 01/09/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office additional and the new registered of the additional and the new registered of the new registered of the additional and the new registered of the additional and the additional additional and the additional additional and the additional and the additional addition	tered office address on our records, <u>er</u> ress here:	SECRETAR OF CARBON OF CARB
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florid	31
	City	Zıp 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>	Name	Address	Type of Action
MGR	SERGE LAFUTTE	900 WEST AVENUE #939	
		MIAMI BEACH, FL 33139	■ Remove
			Change
MGR	MIAMI WORLD RENTAL, LLC	1100 WEST AVENUE UNIT 1026	
		MIAMI BEACH, FL 33139	Remove
			Change
			Add
			Remove
			Change
<u>.</u>			SECRETA IVISION OF
			PNC1: 32
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			D Add
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			☐ Change

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ffective date, if other tha	in the date of filing:			(optional)
fan effective date is listed, the d <u>Note:</u> If the date inserted in locument's effective date on	this block does not mee	et the applicable sto	of filing or more than 90 day stutory filing requiremen	(optional) ss after filmg.) Pursuant to 605,0207 ts, this date will not be listed as
e record specifies a de The 90th day after th		te, but not an e	ffective time, at 12	:01 a.m. on the earlier of
Dated		2017		
/met/		<u> </u>		
	11/1/1/			

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Typed or printed name of signee

Filing Fee: \$25.00