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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : GERAUD WEINBERG, P.C. Account Number : 120030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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

Email Address:

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3. PRATHER

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No. 3268 P. 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LAS SUENOS LLC	27
(Name of the Limited Limbility (A Florida)	Company as it now appears on our records.) Limited Liability Company)	-12
The Articles of Organization for this Limited Liability Co	mpany were filed on 04/10/2017	and assigned,
Florida document number L17000080281	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company bere:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u> </u>	
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OF FICE BOX)		
ì		
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, ess here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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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No. 3268 P. 3

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

Title	<u>Name</u>	Address	Type of Action
AMBR	JOHN ASSADI	1345 AVENUE OF THE AMERICAS, 11TH FLOOR	Add
	, . .	NEW YORK, NEW YORK 10105	■ Remove
,			
			Change
			□ Remove
			Change
			Add
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			D Add
			Remove
			Change

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