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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. WARREN JUN 1 3 2017

COVER LETTER

	egistration Sec vision of Corp			
SUBJECT		AS DE PUERTO PLATA LL	.c	•
SOBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		JOSEPH RODRIGUEZ		
			Name of Person	
			Firm/Company	
		12260 SW 132 COURT, #	7113	
			Address	
		MIAMI, FLORIDA 33186	5	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please ca	all:	
JOSEPH M	1. BRYDON		305 445-7956 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT , TO " ARTICLES OF ORGANIZATION OF

LAS PALMAS DE PUERTO PLATA LLC	•	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on APRIL 26, 2017	and assigned
Florida document number L17000093050	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here: µ)A	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our record	ls, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	DPP
	City F	lorida
New Pegistered Agent's Signature if changing Pegistere	d Agents	•

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

Page 1 of 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MORM	MARTINEZ, CARLOS	15800 PINES BLVD, STE 3006	
		PEMBROKE PINES, FL 33027	■ Remove
			□ Change
MGR	TSUNAMI HOLDINGS LLC	15800 PINES BLVD, STE 3006	≅ Add
		PEMBROKE PINES, FL 33027	□ Remove
			□ Change
			E Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

Page 2 of 3

Effective date, if other than the date of filing: APRIL 27, 2017 (optional) fan 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 66 Notes: (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Signature of a mosabezor-audiorized/spresentative of member of themselves and the state of the sta	
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Typed or printed name of signee	·

Filing Fee: \$25.00

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