| ' .' Y-16-2017 19;15 | From: | | To:18506176383 | Page:1/4 |
|--|--|--|--------------------------------|------------------|
| Division of C | | · · · | | Page 1 of 2 |
| | | rida Department of Division of Corporations Electronic Filing Cover Sho | | |
| F | | is page and use it as a cover s v) on the top and bottom of all | | |
| | | (((H17000134336 3))) | | |
| | | H170001343363ABC | | : |
| • | | REFRESH/RELOAD button consistent of the second seco | | s — — — — — |
| | Fax : From: Acco Acco Phon | unt Number : 12004000010. | NNA & DIAMOND, P.L. 4 00 | THAY IT AN 9: 19 |
| **Ent | | es for this business enti ings. Enter only one ema polender@bmdpl.com | | |
| ר <u>ו 9: 5</u> 1 ר <u>ו הי</u> נטא | LLC AMND/RI | ESTATE/CORRECT OR 2017 BMD JAX 1 LLC | | |
| ZOLT HAY 17 AM | Certified Page Co | | 0 0 03 \$25.00 | |
| lûj Lvi | ************************************** | MAY 1 8 2017 S. YOUNG | | _ |
| Elec | tronic Filing Menu | Corporate Filing Menu | Help | |

i L

L

MAY

| -16-2017 19:15 From: | To:18506176383 | Page:2/4 |
|---|--|-----------------|
| H1700013433 | 16 3 | |
| ARTICLES OF AME | NDMENT | |
| TO | | |
| ARTICLES OF ORGA | NIZATION | |
| ARTICLES OF ORGA OF | | |
| ŬF. | | |
| 2017 BMD JAX 1 LLC | | |
| (Name of the Limited Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Liability Company were f | filed on | and assigned |
| Florida document number L17000103601 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability co | mpany here: | |
| New Star Hotels, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability Com | pany," the designation "LLC" or the abbrev | iation "L.L.C." |
| Puter number in all officers address if combined to | | |
| Enter new principal offices address, if applicable: | <u> </u> | 7 77 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | <u>.</u> | H 700 |
| Enter new mailing address, if applicable: | | 9 35 |
| | ····· | C C |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | ddress on our records, enter the | name of the new |

Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

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

H170001343363

MAY-16-2017 19:15 From:

÷

۱

To:18506176383

Page: 3/4

H17000134336 3

_----

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|----------|----------------|
| | | | O Add |
| | | | 🗇 Remove |
| | | | Change |
| · | | - | D Add |
| | | | |
| | | | |
| | | <u>.</u> | |
| | | | |
| | | | Change O |
| | | | 🗆 Add |
| | | | C Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | |
| | | | Change |
| | | | Add |
| | | | C Remove |
| | | | Change |

Page 2 of 3

H17000134336 3

Page: 4/4

H170001343363

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

| | ····· | | | |
|---------------------------------------|---------|-------|--|--------------------|
| | | | | |
| | | | | |
| | | | ··· | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ······ | | | |
| | | | | |
| | | | | |
| | | ····· | | |
| | | | | |
| | | | | |
| | | ···· | | |
| | | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | SECULE |
| | | | | الم الم الم الم |
| | <u></u> | | | キー ドレー |
| | | | - | |
| | • | | | |
| | | | | × |
| | | | | 0-15 |
| | | | | ECRETARY |
| | | Ma | | |
| | | | | mo |
| | | | | 7 |
| | | | ······································ | |
| | | | | ECRETARY OF SUBIDA |
| | | | | |
| | | | | |
| | | | | cr |
| | | | | U |
| | | • | | |
| | | | | |

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 May 12 2017

Signature of a member or authorized representative of a member

Andrew C. Bolender, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25,00

H17000134336 3