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: (850)617-6383 Fax Number

From:

Account Name : SILY HESLIN LAW,

Account Number : I20170000076

: (305)910-1904

Fax Number

: (855)873-2519

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

Email Address: Jen@ Sily Heslin . Con

LLC AMND/RESTATE/CORRECT OR M/M& CLINE NOV 29 2018 RESIGN

FORHOTEL 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORHOTEL 2, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited L Florida document number L17000125212	iability Company	were filed on 07/15/2015	an	d assigned	i
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	liny Company " the designation "LLC"	or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		201 ALHAMBRA CIRCLE			
		SUITE 701			
A Their a office unit egg in OUT DD 1. S. T. S.	•	CORAL GABLES, FL 33134			
Enter new mailing address, if applicable:		201 ALHAMBRA CIRCLE			
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 701			
(Manny dancess MAN Des M. 1 Co. 1	_ 	CORAL GABLES, FL 33134		2016	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o	ffice address on our records, e:	enter the n	<u> </u>	he nev
Name of New Registered Agent: LOPEZ LEVI		LOWENSTEIN GLINSKY, P.A.		AM 9:	
New Registered Office Address:	201 ALHAMB	RA CIRCLE, SUITE 701	<u> </u>	A 3	
		Enter Florida street address			
	CORAL GAB		rida 33134	Code	
		City	ZI D	COUR	

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	REINALDO PISCOPO	AV. LAVANDISCA 777 - 12 ANDAR, CJ.122, MOEMA	□ Add
		SAO PAULO, SP 04515-011 BRAZIL	■ Remove
			Change
MGR	FORMANAGER, LLC	201 ALHAMBRA CIRCLE SUITE 701	⊟ Add
		CORAL GABLES, FL 33134	□ Remove
			☐ Change
			Add
			Remove
			Change NOV 2007 Add NOV 2007 Add 2007 A
			Charge 1
			□ Remove
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			Change

		
		
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	<u></u>	2010 NOV 28
	577.0 60.23	01.5
	- 2	<u> </u>
	- 08.E	4 <u>5</u> 9.
E. Effective date, if other than the date of filing: November 23.2018 (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.) g.) Pursuant	ω 605,0207 (
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. b). The 90th day after the record is filed.	on the e	earlier of:
Dated November 23 2018 / wiefo		-
Signature of a member of authorized representative of a member		
REINALDO PISCOPO		

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Filing Fee: \$25.00