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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786) 899-2235

Fax Number : (305)935-9042

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

Email Address: krodriguez@leopoldkorn.com

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		HOLDINGS LLC			
Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liab Florida document number <u>L17000256386</u>	oility Company	were filed on12/15/2017	an	d assig	gned
	ring:				
	t is submitted to amend the following: In part the new name of the limited liability company here: In the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: See address MUST BE A STREET ADDRESS) Illing address, if applicable: So NW 2nd Ave, Suite 11335 Miami, FL 33101 So MAY BE A POST OFFICE BOX) Miami, FL 33101 So May Be A Post office Box In the registered agent and/or registered office address on our records, enter the name of the part and/or the new registered office address here:				
A. If amending name, enter the new name of L	ие пішией ітар	unt company refe:			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation "LLC" or the	abbreviatio	on "LL	.C."
			···	~_	
	ent is submitted to amend the following: and name, enter the new name of the limited liability company here: The distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The incipal offices address, if applicable: The address MUST BE A STREET ADDRESS A STREET ADDRESS Miami, FL 33101 The incipal address, if applicable: The sess MAY BE A POST OFFICE BOX Miami, FL 33101 The incipal offices address, if applicable: The sess MAY BE A POST OFFICE BOX Miami, FL 33101				
			- ;-	Ē	
Enter new mailing address, if applicable:		500 NW 2nd Ave, Suite 11335	· · · ; · ·		10 X 0
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33101		ವ≍ — ಎ –	
				=	
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address her	r <u>e</u> :	er the n	ame 0	of the r
Name of New Registered Agent:	Jesse Spen	cer			
New Registered Office Address:	480 NE 31s	t Street, #2202 Enter Florida street address			
	Miami	Florida Sireel dauress	33137		
		City Pioticia	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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>P</u>	Aaron Jordan	500 NW 2nd Ave, Suite 11335)
		Miami, FL 33101	□ Remove
	•		Change
MGR	Jesse Spencer	500 NW 2nd Ave, Suite 11335]M Add
•		Miami, FL 33101	Remove
MGR	Frank P. Juliano	708 3rd Ave 6th floor	Add
		New York, NY 10017	
			ట — □ Change
MGR	Esther G. Prat	1535 TRILLO AV	🗆 Add
		CORAL GABLES, FL 33146	X Remove
			Change
MGR_	Angelo A. Prat	1535 TRILLO AV	Add
		CORAL GABLES, FL 33146	■ Remove
			Change
			Add
			□ Remove
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional) ore than 90 days after filing.) Pure	suent to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will	not be listed as
the record specifies a delayed effective date, but not an effective (time, at 12:01 a.m. on t	:he earlier o
Dated July 3rd 2019		
Date of the second of the seco		

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Typed or printed name of signee

Filing Fee: \$25.00