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| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
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SECRETARY OF STATE ON DIVISION OF CORPORATIONS

N COOPER JUL 19 2018

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |   |
|--|--|---|---|
|  | AST PREMIER PROPERTIES                       | X, LLC  |   |
| SUBJECT:                                 | Name of Limi                                 | ted Liability Company   |   |
| The enclosed Articles of a               | Amendment and fee(s) are subi                | nitted for filing.  |   |
| Please return all correspon              | ndence concerning this matter t              | to the following:   |   |
|  | Jorge E. Otero, Esq.                         |   |   |
|  |  | Name of Person  | <del></del>   |
|  | Jorge E. Otero & Associate                   | es, P.A.  |   |
|  | <del></del>                                  | Firm/Company  |   |
|  | 75 Valencia Ave., Fourth F                   | Floor   |   |
|  |  | Address   | <del></del>   |
|  | Coral Gables, Florida 3313                   | 14  |   |
|  |  | City/State and Zip Code   |   |
|  | service@oterolaw.com                         |   |   |
|  |  | to be used for future annual report notific                         | emon)   |
| For further information co               | oncerning this matter, please co             | ill:  |   |
| Jorge E. Otero, Esq.                     |  | 305 567-9000<br>at ( )  |   |
| Name o                                   | f Person                                     |   | Telephone Number  |
| Enclosed is a check for th               | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(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

| GOLD COAST PREMIER PROPERTIES Y   |  |   |
|---|--|---|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | ity Company as it now appears on our records.)<br>a Limited Liability Company) | -                                       |
| The Articles of Organization for this Limited Liability C   | Company were filed on May 7, 2018  | and assigned                            |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the lim  | nited liability company here:  |   |
| The new name must be distinguishable and contain the words "Lir   | nited Liability Company," the designation "LLC" or the                         | _ ~ ~                                   |
| Enter new principal offices address, if applicable:   |  | <b>&amp;</b>                            |
| (Principal office address MUST BE A STREET ADD  | RESS)  |   |
|   |  | - G - G - G - G - G - G - G - G - G - G |
| Enter new mailing address, if applicable:   |  | ORPORATION                              |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |   |
| produing address with progress over the production  |  | 5                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent. |  | ter the name of the new                 |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | Enter Florida street address   |   |
|   | . Florida  | •                                       |
| <del></del>   | Cuy  | 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

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

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>              | Type of Action |
|--------------|-----------------|-----------------------------|----------------|
| V            | Waison Lam      | 16155 SW 117 Ave., Suite B2 | <b>=</b> Add   |
|              |                 | Miami, FL 33177             | ☐ Remove       |
|              |                 |                             | Change         |
| CFO          | Waison Lam      | 16155 SW 117 Ave, Suite B2  | <b>∃</b> Add   |
|              |                 | Miami, FL 33177             | Remove         |
|              |                 |                             |                |
| MGRV         | Veronica Garcia | 16155 SW 117 Ave., Suite B2 |                |
|              |                 | Miami, FL 33177             | ☐ Remove       |
|              |                 |                             |                |
| C00          | Veronica Garcia | 16155 SW 117 Avc., Suite B2 |                |
|              |                 | Miami, FL 33177             | □ D            |
|              |                 |                             | □ Change       |
|              |                 |                             | □ Add          |
|              |                 |                             | □ Remove       |
|              |                 |                             | Change         |
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|                |                                   | -                    |                          |                       | <u>,                                      </u> |                     |
| -              |                                   |                      | <del>.</del>             |                       |  |                     |
|                |                                   |                      |                          |                       |  |                     |
| Effective date | e, if other than the date must be | tte of filing:       | be prior to date of fili | ne or more than 90 da | (optional)                                     | iant to 605.0       |
| Note: If the d | ate inserted in this block        | k does not meet the  | applicable statuto       | ry filing requiremen  | nts, this date will n                          | ot be listed        |
| gocument s et  | fective date on the Depa          | irtment of State's r | ecords.                  |                       |  |                     |
| na racord sr   | pecifies a delayed e              | offective date. I    | out not an effec         | tive time at 13       | ∪01 am on th                                   | na aarliar          |
|                | day after the recor               |                      | out not an enec          | tive time, at 12      |  | ic carner           |
|                | \1 :                              | Λ                    | 4.5                      |                       |  |                     |
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|                |                                   |                      |                          |                       |  |                     |
|                | /////////Sr                       | znature of a member  | or authorized represe    | entative of a member  |  |                     |

Page 3 of 3

Filing Fee: \$25.00