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(Re	equestor's Name)	İ
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•	•	C	VER LETTER	
	egistration Sec ivision of Corp			
SUBJECT	, MÅGNUM	HOST LLC	2	
	•	Name of Limited	1 Liability Company	•
The enclose	ed Articles of A	Amendment and fee(s) are submit	ned for filing.	
Please retu	rn all correspoi	ndence concerning this matter to	the following:	
				_
		MAGNUM HOST LLC	Name of Person	
		4909 NW 83RD PATH	Firm/Company	- -
		DORAL. FL 33166	Address	_ ~:
		-	City/State and Zip Code	
		E-mail address; (to b	oe used for future annual report notification)	
For further	information co	oncerning this matter, please call:		
MARIA J	IMENEZ		305 713-6166 at ()	اب. اسا
	Name of	Person	Area Code Daytime Telephone Numb	HCT
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

DocuSign Envelope ID: 38ECD28A-E1FF-452C-B314-6250928A37DE ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

MAGNUM HOST TEC

MAGNUM HOST, LLC				
(Name of the Lin	nited Liability C (A Florida Lir	ompany as it now appears or nited Liability Company)	our records.)	
The Articles of Organization for this Limited	-	pany were filed on 04/24/	2019	and assigned
Florida document number 1.19000112135				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited	l liability company here:		
N/A				
The new name must be distinguishable and contain the	: words "Limited	Liability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	EET ADDRES	SS)		, -+
			-	
Enter new mailing address, if applicable:		N/A		· ·
(Mailing address MAY BE A POST OFFICE	F ROY)			
				-
registered agent and/or the new registered Name of New Registered Agent:	office addres	<u>s here</u> :		
· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:		Enter Florida	street address	
·				
		Cire	, Florida	Zip Code
New Registered Agent's Signature, if changing	L Penistered A	•		ray - sac
I hereby accept the appointment as registe, provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of the	pper and comp gistered agen e registered o	plete performance of my nt as provided for in Cha	duties, and Lam fo pter 605, F.S. Or. 1	uniliar with and if this document is
		f Changing Registered Agent	. <u>Sig</u> nature of New Reg	istered Agent
	**	age 1 of 3		

DocuSign Envelope ID: 3BECD28A-E1FF-452C-B314-6250928A37DE 11 amenuing Authorized rerson(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARIA JIMENEZ	4909 NW 83RD PATH	
		DORAL, FL 33166	Add
			Remove
			Change
			□ Remove
			Change
			Change
			☐ Remove
			G. Change
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Effective date, if other than th	MAÝ 20, 20 he date of filing:	019	(optional)
fan effective date is listed, the date n Note: If the date inserted in this	nust be specific and cannot be prior		0 days after filing.) Pursuant to 605.0
document's effective date on the		e valuatory rinning requires	
ne record specifies a delay The 90th day after the re	ed effective date, but not ecord is filed.	t an effective time, at	12:01 a.m. on the earlier
Dated MAY 20	2019	<u> </u>	
Dated MAY 20			
Dated		rized representative of a mem	ber
-M-	Signature of a member or autho	rized representative of a mem	ber
-M-	Signature of a member or authorities RIA JIMENEZ.	orized representative of a member of a member of signee	ber
	Signature of a member or authorities RIA JIMENEZ.		her