Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:_

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To: 18506176383 From: 14693173436 Date: 06/19/19 Time: 12:06 PM Page: 03/05

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ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ARTICLES OF ORGANIZATION OF

JB Mundi Key Biscayne LLC		-
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our r [Liability Company]	ecords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 05/09/2019	and assigned
Florida document number [.119000119397		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited lia	bility company here:	्रा () क
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L L C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	o literes
	THE PHOLET	
	Cin	, Florida
New Registered Agent's Signature, if changing Registered Agent	•	
		17 de la companya de la constanta de la consta
Thereby accept the appointment as registered agent and ag	gree to act in this capacity.	, 1 juriner agree to comply with th

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 hability company has been notified in writing of this change.

11 (lhanging.	Registered Agent.	Signature of New Registered Agent

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Docusion Envelope ID 7EE8E520-3043-4996-AE16-E398BE20E941 in amending Authorized rerson(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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Key Biscayne, FL 33149	
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