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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

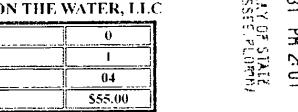
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JUN 03 2019

M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as il now appears on our record- lability Company)	7)
The Articles of Organization for this Limited Liability Company Florida document number £19000119752		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Caribbean Shores Waterfront Resort, LLC		
The new name must be distinguishable and contain the words "Limited Liab)	lity 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)		<u> </u>
		<u>, </u>
		$\gamma = \omega$
Enter new mailing address, if applicable:		<u>ूर्</u>
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
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B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records <u>e</u> :	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	75
		orida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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ne record specifies a do The 90th day after th	elayed effective date, but e record is filed.	not an effective time, at	12:01 a.m. on the earlie	r of:
Dated May 31	2019			
	Signification of a member or a	uthorized representative of a mem	Del	

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