## 11900141600

| (Requ                      | uestor's Name  | )            |
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| PICK-UP                    | MAIT           | MAIL         |
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| Certified Copies           | Certificate    | es of Status |
| Special Instructions to Fi | ling Officer.  |              |
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SECONDARY OF STATE ALLAHASSEE, FLORIDA

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| A  |             | ACCESS,  When you need ACCESS to the world  ACCESS,  INC.  236 East 6th Avenue. Tallahassee, Florida 32303  P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 |                     |  |
|----|-------------|--|---------------------|--|
|    |             |  | WALK IN             |  |
|    |             |  | PICK UP: 12/16/2019 |  |
|    |             | CERTIFIED COR  | PY                  |  |
|    | XX          | РНОТОСОРУ  |                     |  |
|    |             | CUS  |                     |  |
|    | XX          | FILING   | AMENDMENT           |  |
| 1. |             | MIRA SOUTH BEA   |                     |  |
|    |             | CORPORATE NAME AND   | DOCUMENT#)          |  |
| 2. |             | (CORPORATE NAME AND  | DOCUMENT #)         |  |
| 3. |             |  |                     |  |
|    |             | (CORPORATE NAME AND  | DOCUMENT #)         |  |
| 4. |             | (CORPORATE NAME AND  | DOCUMENT #)         |  |
| 5. |             |  |                     |  |
| •  |             | (CORPORATE NAME AND  | DOCUMENT #)         |  |
| 6. |             | (CORPORATE NAME AND  | DVVCUMENCE #)       |  |
|    | ECIA<br>TRU |  | DOCUMENT #)         |  |

## **COVER LETTER**

TO: Registration Section Division of Corporations

| SUBJECT:                    | Name of Lin                                     | nited Liability Company   | <del></del>  |
|-----------------------------|---|---|--|
| The enclosed Articles of    | Amendment and fee(s) are sub                    | omitted for filing.   |  |
|                             | ondence concerning this matter                  | -   |  |
|                             | Irina Roth Neumann, Esq.                        |   |  |
|                             |   | Name of Person  | <del></del>  |
|                             | Roth Private Advising La                        | w.  |  |
|                             |   | Firm/Company  | <del></del>  |
|                             | 78 SW 7th St., Suite 500                        |   |  |
|                             |   | Address   |  |
|                             | Miami, FL 33130                                 |   |  |
|                             |   | City/State and Zip Code   |  |
|                             | ırina@rothpalaw.com                             |   |  |
|                             | E-mail address: (                               | to be used for future annual report notifi-                         | cation)  |
| For further information of  | concerning this matter, please c                | all:  |  |
| Irina Roth Neumann          |   | 305 798-8878  |  |
| Name c                      | of Person                                       | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclosed is a check for the | he following amount:                            |   |  |
| ■ \$25.00 Filing Fee        | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MIRA SOUTH BEACH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 DEC 16 A 景: 34

| The Articles of Organization for this Limited I Florida document number <u>L19000141600</u>   | Liability Comp   | any were filed on 06/0     | 14/2019 CRETARY OF Clandlassigned TALLAHASSEE, FLORIDA |
|---|------------------|----------------------------|--|
| This amendment is submitted to amend the fol  |                  |                            | ,  |
| A. If amending name, enter the new name of  | of the limited l | liability company her      | <u>e</u> :   |
| N/A   |                  |                            |  |
| The new name must be distinguishable and contain the  | words "Limited L | iability Company," the des | signation "LLC" or the abbreviation "L.L.C."           |
| Enter new principal offices address, if appli   | cable:           | N/A                        |  |
| Principal office address MUST BE A STREA  | ET ADDRESS       |                            |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address. | registered offi  | ce address on our rec      | cords, enter the name of the new registered            |
| Name of New Registered Agent:   | N/A              |                            |  |
| New Registered Office Address:  | N/A              | <br>Enter Florid           | la street address                                      |
|   |                  |                            | Florida<br>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 amending Authorized Person(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

| <u>Title</u> | Name               | Address                            | Type of Action |
|--------------|--------------------|------------------------------------|----------------|
| MGR          | MURSHED, SYED M    | 500 WELLINGTON ST. WEST, STE. 1001 | □Add           |
|              |                    | TORONTO, ON, CANADA M5V 1E3        | ≣Remove        |
|              |                    |                                    | □Change        |
| MGR          | Mira Holdings Inc. | 267 Niagara St., Suite 201         |                |
|              |                    | TORONTO, ON, CANADA M6J 2L7        | □Remove        |
|              |                    |                                    | □Change        |
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| ffectiv              | date, if other than the date of filing:(optional)  |
| an effec<br>ote:   l | ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocume                | t's effective date on the Department of State's records.   |
|                      |  |
| record               | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| l is file            |  |
| . 1                  | ecember 16 2019  |
| ated _               | ———·   |
|                      | $\mathbf{x}$   |
|                      | Signature of a member or authorized representative of a member   |
|                      | Syed Maher Murshed   |
|                      |  |

Filing Fee: \$25.00