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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135

: (305)789-3200

Phone

Fax Number

: (305)789-4137

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BACHOUR DORAL, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202017 - 14 7110: 05

BACHOUR DORAL, LLC		, , , 10- fi2
(Name of the Limited Lish (A Flori	oility Company as it now appears on our recordida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Florida document number L20000047114	Company were filed on February 13, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	ਸ	lorida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent;

1

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 = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGRM	ANTONIO BACHOUR LLC	2020 Salzedo Street, 5th Floor	
		Coral Gables, FL 33134	■ Remove
			Change
AMBR	BACHOUR HOLDINGS, LLC	2020 Salzado Street, 5th Floor	≅Add
		Coral Gables, FL 33134	□Remove
			☐ Change
			□Add
			Remove
			Change
			□Remove
			Change
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			Change

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an effective date ote: If the date	is listed, the date inserted in the	iis block does n	and cannot be prior to	le statutory filing req	(optional) an 90 days after filing.) Pur uirements, this date will	suant to 605.0207 (3)(b not be listed as the
ecord specifies	a delayed eff	ective date, but	not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after the
Dated Septem	ber 1	4.	. 2020	- <i>*</i>	·	**********
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	,	Signature	or a menopoli of mamori	soo refresemente or a u	ocmoc-	