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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : 120200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

\*\*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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLS LUX 5410 LLC

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M. SOLOMON

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## ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION **OF**

SLS LUX 5410 LLC			<del></del>		
(Name of the Limited Liab (A Flori	ility Company ida Limited Lie	as it now appears on our records.) Bility Company)			
The Articles of Organization for this Limited Liability Florida document number 1.20000227549	Company w	vere filed on <u>07/30/2020</u>	_ and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabili	ity company here:			
			• • • • • • • • • • • • • • • • • • • •	~=	
The new name must be distinguishable and contain the words "L	imited Liabilit	y Company," the designation "LLC" or the abbre	viation "L.I	رب <del>ري</del>	
Enter new principal offices address, if applicable:			<u> </u>	<u> </u>	:
• •	n D E C C i		1.3-		
(Principal office address MUST BE A STREET ADI	(MC33)		7	-u	- ; []
			- (,)	_10	_ :
Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]  [Manual State of the Miami Gardens Drive Apr 1526]  [MIAMI, FL 33179]		1301 Ne Miami Gardens Drive Apr 1526	35	12: 2	
				<del></del>	_
				_	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered off ddress here:	ice address on our records, enter th	e name	of the	new
Name of New Registered Agent: RO	DOLFO COF	ELHO		<del></del>	_
New Registered Office Address: 130	Nam Partietared Office Address: 1301 Ne Miami Gardens Drive Apt 1526				
New Registered Office / Radioss.	Enter Florida street address				
ML	AMI	, Florida <sup>3317</sup>	9		
<del></del>		City:	Zip Code		
Nam Degistered Agent's Signature, if changing Registe	red 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

Page 1 of 3

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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

bollous signature verifications in our construction into the

<u>Title</u>	<u>Name</u>	Address	Type of Action	
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		MIAMI,FL 33130	🖪 Remove	
			Change	
MGR	FRONT STAR LIMITED	VANTERPOOL PLAZA 2nd FLOOR WICKHAMS KAI	<sup>]</sup>	
		ROAD TOWN, TOR TOLA - BVI	C Remove	
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F Effectiv	e date, if other than the date of	filing:	(optional)	
(if an effec Note: I	crive date is listed, the date must be speci	fic and cannot be prior to date of filing or mu a not meet the applicable statutory filing	ere than 90 days after filing.) Pursuant to	o 605.0207 (3½b) : listed as the
If the reco	ord specifies a delayed effect 90th day after the record is	tive date, but not an effective ti filed.	me, at 12:01 a.m. on the e	arlier of:
Dated 2	MARCH 8TH	, 2021	·	
	Renato Jose Cunha Faria	e of a member or authorized representative	rtfled 250 PM BRT -9LD4-7TF	_
			of a member	
	RENATO JOSE C	FARIA Typed or printed name of signce		