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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BESAMAS KISSIMMEE HOLDING LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

141

BESAMAS KISSIMMEE HOLDING LLC		i 🏂
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vilorida document number <u>L21000032952</u>	were filed on 02/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	ne 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 office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	. ,
	Florid	•
<del></del>	City	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>	<u>Name</u>	Address	Type of Action
MGR	BESAMAS GP I LLC	20803 BISCAYNE BLVD SUITE 405	■Add
		AVENTURA, FL 33180	Remove
			☐Change
			□Add
			Remove
			Change
		🖸 Add	
		Remove	
			□Change
		🗀 Add	
			Remove
			Change
		□Add	
		Remove	
			Change
			□Add
			Remove
			Change

amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del> </del>	
iote: If t	date, if other than the date of filing:
d is filed.	
eated	EBRUARY 25 , 2021
	Signature of a member or authorized representative of a member
	A. D. A. L. Anner via Prote
	Joseph Panholzer, Attorney-in-Fact  Typed or printed name of signee

Filing Fee: \$25.00