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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Escapology Las Vegas III LLC				
(Name of the Limi	ted Liability Company (A Florida Limited Lia	<u>as it now appears on our records.)</u> bility Company)		
The Articles of Organization for this Limited L Florida document number <u>L21000284173</u>	.iability Company w	ere filed on <u>June 18, 2021</u>	and assign	cd
This amendment is submitted to amend the follo	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or)	the abbreviation "L.L.C	
Enter new principal offices address, if appli-			<u> </u>	
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	· · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ad <u>ess here</u> :	dress on our records, <u>enter the</u>	name of the new r	egistere
Name of New Registered Agent:	C T Corporation :	System	<u> </u>	
New Registered Office Address:	1200 South Pine Island Road		H 111	
		Enter Florida street address	~~ C	1
	Plantation	, Florid	la <u>33324 es</u> : S	
		Citr	Zip Coile	

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.

C T Corporation System

Candus gratano By:

It Changing Registered Agent, Signature of New Registered Agent

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	Person(s) authorized to m cords:	anage, enter the title, name, and address a	of each person being added
MGR = Manager AMBR = Authorized M	ember		
<u>Title</u> <u>Name</u>		Address	Type of Action
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Simon Davison

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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