11/9/23, 10:21 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000389119 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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

| Fma11 | Address: | | | | |
|-------|----------|--|--|--|--|
| | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMILES LODGING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

S. RODERTS

NOV 13 2023

1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | TILES LODG | | | |
|--|--|--------------------------------------|--------------------------|------------------------|
| (Name of the Limited L (A F | iability Company forida Limited Lia | ns it new appears bility Company) | on our records.) | |
| The Articles of Organization for this Limited Liabil Florida document number | lity Company w | ere filed on | 07/12/2021 | and assigned |
| This amendment is submitted to amend the following | ig: | | | |
| A. If amending name, enter the new name of the | limited liabili | ty company her | <u>e</u> : | |
| BALBEL LLC | | | | |
| The new name must be distinguishable and contain the words | "Limited Liability | Company," the dea | rignation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable | \ | 8016 NW 1 | 05th Ct | |
| (Principal office uddress MUST BE A STREET A | DDRESS) | Doral FL 3 | 3178 | |
| | | 7777 | | |
| Enter new mailing address, if applicable: | | 8016 NW | 105th Ct | |
| (Mailing address MAY BE A POST OFFICE BO) | <u>v)</u> | Doral FL | 33178 | • 17 |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | tered office ad ere: | dress on our rec | cords, enter the nar | ne of the new register |
| Name of New Registered Agent: | Jean C | . Balcazar | | |
| Now Registered Office Address: | 8016 1 | SW 105th Ct | | |
| | | Enter Florid | a street address | 77,000 |
| _ | Doral | | , Florida | 33178 |
| | | 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 Changing Registed 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

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|----------------------|----------------------------------|----------------|
| MGR | Jean Carlos Balcazar | 8016 NW 105th Ct, Doral FL 33178 | X IAdd |
| | | | □Remove |
| | | | ElChauge |
| ~~~~ | | | □Add |
| | | | □Remove |
| | | | []Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | []Remove |
| | | | ☐ Change |
| | | | OAdd |
| | | | □Remove |
| | | | (7)/1 |

| D. If ame | ending any other informa | tion, enter change(s) here: (Анасh addiții | ouul sheets if necessary) | |
|--------------------------------|--|--|--|---------------------------|
| | | | The section of the decision years | |
| - | | | | |
| - | | | | |
| - | | | 10.100 | |
| - | | | | |
| _ | - | | | |
| - | | | | |
| _ | | | | |
| - | | | | |
| _ | | | | |
| _ | | | | |
| _ | | | | |
| | | · | | |
| | | | | |
| _ | , , , , , , , , , , , , , , , , , , , | | | |
| _ | | | ···· | |
| | | | | |
| | | | | |
| E. Effecti | ve date, if other than the | date of filing: | (optional) | |
| Note: | ective date is listed, the date must If the date inserted in this bloom ont's effective date on the Do | be specific and cannot be prior to date of filing or an ock does not meet the applicable statutory filing partment of State's records. | ore than 90 days after filing.) Pursuant to 605 g requirements, this date will not be liste | .0207 (3)(b) ed as the |
| If the record record is fil | | e date, but not an effective time, at 12:01 a.m. a | on the earlier of: (b) The 90th day after | the |
| Dated | November 6 | 2023 | | |
| • | | This | | |
| | | Signature of amender of authorized representative | of a member | |
| | | <u> </u> | | |