7/6/2022

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

\*\*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 PR WARREN MANAGEMENT, LLC

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## ARTICLES OF AMENDMENT ATO ARTICLES OF ORGANIZATION OF

PR WARREN MANAGEMENT,				
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on 10	0/19/2021 and	d assigne	:d
Florida document number L21000455842	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liability company h	ere:		
Nayara Resorts International, LLC				
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation	on "L.L.C."	17
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE		Par	. z.	,
Principal office address MOST BE ASTRE	.1 ADDRESS/	•	; <b>*</b>	
			. 1	<u></u>
			<u>ii</u> , o	`
Enter new mailing address, if applicable:			_X	-
Mailing address MAY BE A POST OFFICE	<u></u>		<u> </u>	
			<u></u>	<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our ess here:  Leo Ghitis	records, <u>enter the name of th</u>	e new re	gist
Name of New Registered Agent:				_
-				
New Registered Office Address:	2980 NE 207TH ST STE 706			
New Registered Office Address:		orida street address		
New Registered Office Address:		, Florida <sup>33180</sup>	Code	

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			Change
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bl document's effective date on the D	date of filing:  t be specific and cannot be prior to date of filing or sock does not meet the applicable statutory filing artificial to the statutory filin	(optional) more than 90 days after filing.) Pursuant to 605.6 ing requirements, this date will not be lister	0207 ( d as t
c record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after	thc
July 6	2022		
Dated			
Dated July 6	Signature of a member or authorized representative		

Filing Fee: \$25.00