

N16000009100

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SOLOMON & FURSHMAN, LLP
Account Number : I20050000182
Phone : (305) 861-8034
Fax Number : (305) 861-8012

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

Email Address: VICTOR@SFLP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HYDE RESORT OWNER LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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JAN 27 2017

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Hyde Resort Owner LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M16000009100

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 14, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SOHO Ocean Resort Owner LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

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 Registered Agent, Signature of New Registered Agent

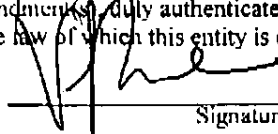
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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CLERK OF CIRCUIT COURT
FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s) duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Victor Recondo

Typed or printed name of signer

Filing Fee: \$25.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:23 PM 01/24/2017
FILED 04:23 PM 01/24/2017
SR 20170418092 - File Number 6167505

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Hyde Resort Owner LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is hereby amended to read: "SOHO Ocean Resort Owner LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 24th day of January, A.D. 2017.

By: 
Authorized Person(s)

Name: Victor Recendes
Print or Type