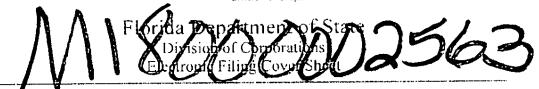
5/23/2018

Division of Chapprations



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Division of Corporations

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Phone Fax Number

: (614)280-3338 aber : (954)208-0845

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

Email Address:\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESION AVALON DORAL, LLC

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| Certificate of Status | 0       |
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| Page Count            | 03      |
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Electronic Filing Menu

Corporate Filing Menu

Help

## 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: Avalon Doral, LLC   |   |  |
| Control control in the same of the same of   |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   | <u></u>                                  |
| Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE ROX)   |   | 10 IN 23                                 |
| 2. The Florida document number of this limited liab  | offity company is: M18000002563   | 量力                                       |
| 3. Jurisdiction of its organization: Delaware  |   | \$ 38                                    |
| 4. Date authorized to do business in Florida; Mar  | ch 14, 2018   |  |
| SECTION II (5-9 complete only the applicable of  | hanges)   |  |
| 5. New name of the limited liability company: (must  | contain "Limited Liability Company, " "L.I  | C.," or "LLC.")                          |
| (If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company." "L.L.C."  | aging members adopting the alternate name.  | orida and attach a<br>The alternate nume |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office add  | officer address on our records, enter the na<br>lress here:   | ime of the new                           |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · ·    |
| New Registered Office Address:   | Enter Florida Street Addire   | es.v                                     |
|  | Florida   |  |
|  |   | Zip Code                                 |
| New Registered Agent's Signature, if chapging Regit hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this | and agree to act in this capacity. I further and complete performance of my duties, and red agent as provided for in Chapter 605, F | Lam famillar with                        |

1.

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| Fitle/ Capacity          | Name                          | Address  | Type of Actio |
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