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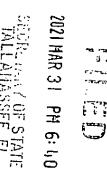
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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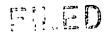
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BORA BORA BE.	ACH HOTEL, INC.		
DOCUMENT NUMBE	P07000096035			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
		ALICIA GARC	ΠA	
_		Name of Contact	Person	·
	ВС	RA BORA BEACH	HOTEL	L. INC
_		Firm/ Compa	ıny	
	555	NE 15th STREET S	UITE I	00
_	<u>-</u>	Address		
	:	MIAMI, FLORIDA 3	33132	
_		City/ State and Zi	p Code	
	AGA	RCIA@PEGASOCO	ORP.CO	M
	E-mail address: (to be us	sed for future annual	report no	otification)
For further information c	oncerning this matter, pleas)5	576-7800
Name of 0	Contact Person	Ar	rea Code	& Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florid	a Depart	ment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	e Address ment Section n of Corporations ox 6327 ssee, FL 32314	, 1 T	Division The Cen	ddress lent Section of Corporations tre of Tallahassee Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation



BORA BORA BEACH HOTEL, INC.	_2021 MAR 31 PM 6: 40
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P07000096035	SEORL THAT OF STATE
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o", A professional corporation name must contain the word "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	
D. If amending the registered agent and/or registered offic	re address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	. Florida
New registered Office reducts.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
Sianature of	New Registered Agent if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Francisco M Martinez-Miyashiki	555 NE 15th Street Suite 100
Add			Miami, Fl 33132
Remove			
2) X Change	D	Francisco Martinez-Celeiro	555 NE 15th Street Suite 100
Add			Miami, Fl 33132
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	r adding additional <i>i</i> nal sheets, if necessar). (Be specific)				
A						
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				_		
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	• •			•••		
						
				<u>-</u>		
				_		
				- 		
<u>If an amendm</u>	ent provides for an e	vchange, reclassif	ication, or cance	lation of issued sh	ares.	
provisions fo	implementing the a plicable, indicate N/A	<u>mendment if not o</u>	contained in the	imendment itself:		
(<i>y nor ap)</i> A	meame, maicule WA					
·\						
<u> </u>				<u> </u>		
			-	-		

•	03/22/2021	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing recepartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast fufficient for approval.	or the amendment(s)
must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	mendment(s):
	t for the amendment(s) was/were sufficient for approve	11
by	(voting group)	 -
	(voting group)	
03/22/202 Dated Signature		
selecte	lirector, president ar other officer – if directors or officed, by an incorporator – if in the hands of a receiver, truited tiduciary by that fiduciary)	
	Franicisco M Martinez-Miyashiki	
	(Typed or printed name of person signing))
	President	

(Title of person signing)