P12000058820

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 394458 7838690

AUTHORIZATION

COST LIMIT : \$\forall \forall \forall

ORDER DATE: September 18, 2018

ORDER TIME : 9:21 AM

ORDER NO. : 394458-005

CUSTOMER NO: 7838690

DOMESTIC AMENDMENT FILING

NAME: CARIBBEAN BREEZE 151, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

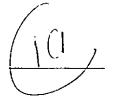
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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARIBBEAN BRE	EEZE 151, INC.
DOCUMENT NUMBER: P12000058820	
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Etaine dos Santos	
	Name of Contact Person
DLA Piper LLP (US)	
	Firm/ Company
200 S. Biscayne Blvd, Suite 2	500
	Address
Miami, FL 33131	
	City/ State and Zip Code
elaine.dossantos@dlapiper.com	
	ed for future annual report notification)
·	,
For further information concerning this matter, please	e call:
Elaine dos Santos	at (305 748-1105
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Talinhassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

P12000058320	Corporation as currently filed	I with the Fiorida Dept. of State	}
	(Document Number of Corp	oration (if known)	
Persuant to the provisions of section 607.16 ts Articles of Incorporation:	006, Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name	ne of the corporation:		
			The new
tame must be distinguishable and conta "Corp.," "Inc.," ar Co.," or the designal ord "chartered," "professional association	tion "Corp" "Inc," or "Co".	A professional corporation name	the abbreviation
3. <u>Enter new principal office address, if</u> Principal office address <u>MUST BE A ST</u>			
Enter new malling address, if application (Mailing address MAY BE A POST O	FFICE BOX)		2018 SEP 13 AM 5
hew registered agent and/or the new	or registered office address in registered office address:	Florida, enter the name of the	0
Name of New Registered Agent	Onstiane Leon		in the state of t
1	0101 E. Bay Harbor Drive, 306	3	
-	(Florida street add	ress)	 -
New Registered Office Address: E	Bay Harbor Island	Florida	33154
	(City)		(Zip Code)

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	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>5V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Nume	Address
1) Change	<u>р</u>	Tiago P Mendes	250 180 DR, UNIT 151
Add			Sunny Isles , FL 33160
X Remove			
2)Change	P	Andreza Colicchio	250 180 DR, UNIT 151
XAdd			Sunny Isles , FL 33160
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Rcmove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add		· · · · _	
Remove			

mach additional sheets, if necessary).	:les, enter change((Be specific)			
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				· · · · · · · · · · · · · · · · · · ·
an amendment provides for an excha ravisions for implementing the amen	nge, reclassification dment if not conta	on, or cancellation	on of Issued share	<u>:s.</u>
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption:	if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	nte will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	lcı
Dated 09/14/19)
Signature	
(By director, predident or other officer " if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
Tiago P. Mendes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	