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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STRATEGIC LEGAL SOLUTIONS, LLC

Account Number : I20230000140 Phone : (305)722-7090

Fax Number : (305)424-1050

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

Email Address: ____ sabrina@smulevichlegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACH CLUB 4103, LLC

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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH CLUB 4103, LLC (Name of the Limited Lia (A Flo	blity Cempan	y as it now appears on lability Company)	our records)		
The Articles of Organization for this Limited Liability Florida document number L11000094723				_ and assigned	
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the	imited liabi	lity company here:			
The new name must be distinguishable and end with the words	"Limited Llahi	lity Company," the desig	gnation "LLC" or the abbi	reviation "L.L,C."	
Enter new principal offices address, if applicable:		2875 NE 191st Street, Suite 801			
(Principal office address MUST BE A STREET ADDRESS)		Aventura, FL 331380			
Enter new mailing address, if applicable:		2875 NE 191st	t Street, Suite 80	1	
(Mailing address MAY BE A POST OFFICE BOX)		Aventura, FL 331380			
B. If amending the registered agent and/or registered agent and/or the new registered office a	iddress here	21	r records, <u>enter th</u>	ne name of the ne	
Name of New Registered Agent:	Registered Agents Inc				
New Registered Office Address: 79	7901 4th St N STE 300				
		Enter Florida s			
St. Petersb		urg , Florida		33702 ZIp Code	
New Registered Agent's Signature, if changing Regist	arad Agents	Сій.		zip Code	
I hereby accept the appointment as registered again			anin I further ages	a to comply with th	

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

From: 3054241050

AMBR = Authorized Member <u>Title</u> Address <u>Name</u> Type of Action LAPRIDA, LUCIANA 1390 Brickell Avenue Suite 200 MGR Miami, FL 33131 Remove MGR Arnaldo Jawerbaum 2875 NE 191st Street, Suite 801 Aventura, FL 33180 □ Remove ____ 🗆 Remove □ Add _□ Add _____ Remove

To: 8506175380 From: 3054241050 10/20/2023 5:52:01 PM p. 5 of 5

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ŋ _' .)
	
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	l)
Dated October 9th 2023	
Signature of a member or authorized representative of a member	
Arnaldo Jawerbaum	
Typed or printed name of signee	