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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 14 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KB Woodcrest 301, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christophe L. DiFaico
Name of Person

DiFaico & Fernandez, LLP
Firm/Company

777 Brickell Ave, Suite 630
Address

Miami, FL 33131
City/State and Zip Code

cid@difaicofernandez.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christophe L. DiFaico at (305) 569-9800
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KB WOODCREST 301, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/03/2012 and assigned Florida document number 412000099942.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

777 Brickell Ave
Suite 630
Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

777 Brickell Ave
Suite 630
Miami, FL 33131

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2012 JUN 13 PM 1:05
STATE ARCHIVE OF FLORIDA
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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:

D. Falco & Fernandez, LLP.

New Registered Office Address:

777 Brickell Ave, Suite 630

Enter Florida street address

Miami, Florida 33131
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 608, 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

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

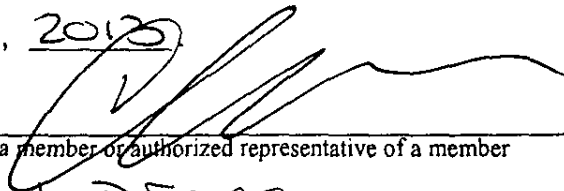
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	D. FALCO & Fernandez	777 Brickell Ave, suite 630	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
MGR	Julianna Castro	1450 Brickell Ave, ste 1400	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 COUNTY OF STATE
 FALL HASSIE FLORIDA
 Filed

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 6, 2018



Signature of a member or authorized representative of a member

Christopher L. DiFalco

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2018 JUN 13 PM 1:05
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TALLAHASSEE FLORIDA