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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 Phone : (305)670-1991 Fax Number : (305)670-1993

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

Email Address:\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTON PAVILLION LLC

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#### Page: 3 of 5

11/25/2019 11:39 AM

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTON PAVILLION LLC		15		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our recon ty Company)	<u>'ds.</u> )		
The Articles of Organization for this Limited Liability Company were storida document numberL13000032943	filed on03/04/2013			nd assigned
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 contain the words "Limited Liability Co Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]	mpany," the designation "LL			
Enter new mailing address, if applicable:		; ;	15 15 15 15 15 15 15 15 15 15 15 15 15 1	<b></b> ;
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	- <u>- 1</u> ,	191/25	
			Ū	<del></del>
<ol> <li>If amending the registered agent and/or registered office addressent and/or the new registered office address here:</li> </ol>	ess on our records, <u>ente</u>	<u>r-the n</u>	z.:	he:new registi
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr			
	. [	lorida		
	City			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 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

From: Paola Sanchez Fax: 17864757424 To: Fax: (850) 617-6383 Page: 4 of 5 11/25/2019 11:39 AM
If amending Authorized Person(s) authorized to manage, enter the little, name, and address of each person being added
or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DANIEL HALPERN	9130 S DADELAND BLVD	<b>\</b>
		SUITE 1509	□Remove
		MIAMI, FL 33156	
			□ Remove
			☐ Change
			□ Add
			Remove
			☐Change
			CIAdd
			□Remove
			Change
			□Add
			Remove
			(I) Change
			DAdd
			□ Remove
			□ Change

To:

Fax: (850) 617-6383

Page: 5 of 5

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### Page 2 of 3

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e record specifies a delayed ef The 90th day after the record	effective date, but not an effective time, at $12:01\ a.m.$ on the earlied is filed.	er (
DatedNOVEMBER 22	2019	