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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: ezra.rubin@meyersgroup.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORNERSTONE SPINNAKER COVE, LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cornerstone Spinnaker Cove, 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 March 13, 2013 and assigned Florida document number L13000038132.

This amendment is submitted to amend the following:

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

SIM Spinnaker Cove, LLC

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:

2600 Douglas Road

(Principal office address MUST BE A STREET ADDRESS)

Suite 1000

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

2600 Douglas Road

(Mailing address MAY BE A POST OFFICE BOX)

Sulte 1000

Coral Gables, Florida 33134

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

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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

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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:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--|-----------------------------|--|
| MGRM | Lopez, Jorge & Awilda TBE | 2100 Hollywood Blvd | <input type="checkbox"/> Add |
| | | Hollywood, Florida 33020 | <input checked="" type="checkbox"/> Remove |
| MGRM | Stuart I. Meyers Family Partnership, LTD | 2100 Hollywood Blvd | <input type="checkbox"/> Add |
| | | Hollywood, Florida 33020 | <input checked="" type="checkbox"/> Remove |
| MGR | Stuart I. Meyers Family Partnership, LTD | 2600 Douglas Road | <input checked="" type="checkbox"/> Add |
| | | Suite 1000 | <input type="checkbox"/> Remove |
| | | Coral Gables, Florida 33134 | |
| AMBR | Ezra Rubin | 2600 Douglas Road | <input checked="" type="checkbox"/> Add |
| | | Suite1000 | <input checked="" type="checkbox"/> Remove |
| | | Coral Gables, Florida 33134 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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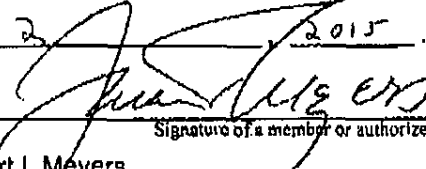
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

E. Effective date, if other than the date of filing: _____ (optional)
(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)

Dated July 2 2015



 Signature of a member or authorized representative of a member

Stuart I. Meyers

Typed or printed name of signee

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