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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  
Fax Number : (407)425-2747

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

Email Address: e2ra.rubin@meyersgroup.

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

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JUL 07 2015  
D. BRUCE

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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:

**(Principal office address MUST BE A STREET ADDRESS)**

2600 Douglas Road

Suite 1000

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2600 Douglas Road

Suite 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

City, Florida

**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	2100 Hollywood Blvd	<input type="checkbox"/> Add
	Partnership, LTD	Hollywood, Florida 33020	<input checked="" type="checkbox"/> Remove
MGR	Stuart I. Meyers Family	2600 Douglas Road	<input checked="" type="checkbox"/> Add
	Partnership, LTD	Suite 1000	<input type="checkbox"/> Remove
		Coral Gables, Florida 33134	
AMBR	Ezra Rubin	2600 Douglas Road	<input checked="" type="checkbox"/> Add
		Suite 1000	<input checked="" type="checkbox"/> Remove
		Coral Gables, Florida 33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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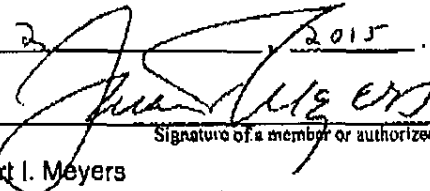
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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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