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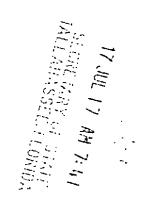
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COVER LETTER

RIVERW SUBJECT:	'ALK RESIDENCES OF LAS C	DLAS, LLC				
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	Ana Chaparro					
		Name of Person	.			
	Riverwalk Residences of L	Las Olas, LLC				
Firm/Company						
	1800 E Las Olas Bivd					
		Address				
	Fort Lauderdale, FL 3330	I				
		City/State and Zip Code				
	achaparro@oceanland.com					
		to be used for future annual report	notification)			
For further information	concerning this matter, please c	all:				
Ana Chaparro		953 900-360	0			
Name	of Person	at ()	ytime Telephone Number			
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

TO:

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

RIVERWALK RESIDENCES OF LAS OLAS, 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 v	vere filed on $\frac{4/25/2016}{}$	and assigned
Florida document number 1.16000081131		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter the name of the new
•		SS 25
New Registered Office Address:	Enter Florida stre	et address
		, Florida Signatura
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my du rovided for in Chapte	ities, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FRIC INVESTMENTS LLC	1800 E LAS OLAS BLVD	
		FORT LAUDERDALE, FL 33301	■ Remove
			Change
MGR. AMBR	FRIC II INVESTMENTS, LLC	1800 EAST LAS OLAS BLVD	
		FORT LAUDERDALE, FL 33301	■ Remove
			Change
MGR	RIVERWALK RESIDENCES	1800 EAST LAS OLAS BLVD	= Add
	OF LAS OLAS MANAGING MEMBER LLC	FORT LAUDERDALE, FL 33301	Remove
			Change
			□ Remove
			Change
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Filing Fee: \$25.00