Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000438606 3)))



H200004386063ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800)432-3622

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI SPE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

's SALV bec in

ARTICLES OF AMENDMENT

H200

TO ARTICLES OF ORGANIZATION **OF**

FILED 2020 DEC 23 PH 4: 1 ALLAHASSET TEORIS

Miami SPE, 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 w	vere filed on 6/4/2015	and assigne
Florida document number L15000097386		
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 Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	. <u> </u>	
(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 office acagent and/or the new registered office address here:	idress on our records, g	enter the name of the new re
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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duti rovided for in Chapter	es, and I am familiar with a 605, F.S. Or, if this docume

If Changing Registered Agent, Signature of New Registered Agent

Taylor Seav 6004323022

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
Manager	Falcone, Arthur J	One Town Center Road	
		Suite 600	■Removi
		Boca Raton, Fl. 33486	
Manager	Miami Fourth Manager Inc.	One Town Center Road	≣ Add
	 :	Suite 600	□Remove
		Boca Raton, FL 33486	□Change
			🖸 Add
			□ Remove □ Change
			SSC DAdd
			□Change
			□Remove
			□Change
			□Remove
			Change

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: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. December 23 Dated Signature of a member or authorized representative of a member Nitin Motwani Typed or printed name of signee

Filing Fee: \$25.00

~~H200004