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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

: (561)214-8442 Fax Number

**Enter the email address for this business entity to be used for future of the proof mailings. Enter only one email address pleasents of the proof mailings.

Email Address:_

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION BRICKELL BAYVIEW OWNER, LP

Certificate of Status	1
Certified Copy	1
Page Count	04
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

BRICKELL BAYVIEW OWNER, LP		· · · · · · · · · · · · · · · · · · ·
Insert name curre	ntly on file with Florida Dep	artment of State
Pursuant to the provisions of section 620, imited liability limited partnership, whose 02/27/2014, assignations the following certificate of amend	se certificate was filed w gned Florida document r	rith the Florida Department of State on number B14000000036
This amendment is submitted to amend the fo	llowing:	
A. If amending name, <u>enter the new name</u> nere:		ip or limited Hability limited partnership
New name must be o	listinguishable and contain a	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	Partnership, Limited, L.P., I suffixes: Limited Liability Li	.P. or Ltd. mited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/o. principal office address here:		ess, enter new mailing address and/or
New Principal Office Addr (Musi be STREET address)		14 22 14 15 15 15 15 15 15 15 15 15 15 15 15 15
New Mailing Address: (May be post office box)		PHI2: 33
C. If amending the registered agent and/or registered agent and/or the new registered		on our records, enter the name of the new
Name of New Registered Agent:	Corporate Creations Netwo	ork Inc.
New Registered Office Address:	801 US Highway 1 Enter F	lorida street address
	North Palm Beach	, Florida <u>33408</u>
	City	Zip 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.

<u>itle</u>	Name	Address	Type of Action
			C Damara
			☐ Remove
	<u></u>		CD 70
	<u></u>		
			Q Add

F. If amending any other infor General Partner's Address Amended To:	mation, ente	er change(s)	here: (Attach additional sheets, if necessary.)
30 Hudson Yards, 75th Floor, NEW YOR	K, NY, 10001		· · ·
		<u>-</u>	
	- · · · · · · · · · · · · · · · · · · ·		
	e of filing:_ e than 90 days	after the date	e this document is filed by the Florida Department of
State.) Note: If the date inserted in this block doe be listed as the document's effective date			atutory filing requirements, this date will not s records.
Signature(s) of a general partner			
("NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability limited l	ership" electio	n statement,	cument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign attorn statement.)
/s/Michael Friedland			
BRICKELL BAYVIEW OWNER GP, LL	.C - GP		
Michael Friedland, Authorized Signer			<u> </u>
Signature(s) of all new or dissociate	ating gener	al partner((s), if any:
		•	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		