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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	THE STATE OF THE S
	Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTER
	Account Number : I20060000135
	Phone : (305)789-3200
	Fax Number : (305)789-4137
*Enter an	the email address for this business entity to be used for future ual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORNERSTONE BAYWINDS, L.L.C.

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SECONGIASY OF STATE ALLAHASSEE, FLORIDA

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRI DEC 10 PM 1: HA

CORNERSTONE BAYWINDS, L.L.C.

(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 Com Florida document number <u>L01000011454</u>	pany were filed on July 13, 2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain 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 RE A STREET ADDRES	<u></u>	
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice 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:	Enser Florida street addre	\$S
	, FI	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my duties, a nt as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
ī	If Changing Registered Agent, Signature	of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Л. Holding Corp.	2100 Hollywood Blvd.	[:] Add
		Hollywood, FL 33032	Remove
			Change
MGR	Jorge Lopez	2100 Hollywood Blvd.	■ Add
		Hollywood, FL 33032	□Remove
			Change
MGR	Awilda Lopez	2100 Hollywood Blvd.	⊞Add
		Hollywood, FL 33032	
			□Change
MGRM	MSM, Inc.	2100 Hollywood Blvd.	□Add
		Hollywood, FL 33020	≅ Remove
			□ Change
MGRM	M3, Inc.	2100 Hollywood Blvd.	□Add
	·	Hollywood, FL 33020	≣Remove
			[]Change
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cument's effective date on the D	epartment of State's	records.				
ecord specifies a delayed effective	e date, but not an ef	fective time, at 12:	01 a.m. on the earlier of:	(b) The 90th	day ofter	the
is filed.		·			HVTT	120 ב
December 10	20	21			S.F.	שלו חבר וח
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	Signature d'a memb	er or authorized repre	sentative of a member	<u></u>	F STATE FLORID	14 : 44