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(Cit	ty/State/Zip/Phone	e #)
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OCT OT 2015
J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

EFFECTIVE DATE:

Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 820500	4983A
	AUTHORIZATION	Lough De	
	COST LIMIT	: \$\\25,00	
ORDER DATE :	October 5, 2015		
ORDER TIME :	8:35 AM		
ORDER NO. :	820500-005		
CUSTOMER NO:	4983A		
	DOMESTIC AM	ENDMENT FILING	
NAME:	FRONTIER DEVELO	OPMENT-HIALEAH,	

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

DEVELOPMENT - HIALEA	AH, LLC	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub-	mitted for filing.	
idence concerning this matter	to the following:	
Matthew Weinstein, Esqui	ге	
	Name of Person	**************************************
Cozen O'Connor		
	Firm/Company	
One Liberty Place, 1650 M	farket Street	
	Address	
Philadelphia, PA 19103		
	City/State and Zip Code	
~		notification)
	•	,
	215 665-4746	5
Person	Area Code Day	ytime Telephone Number
: following amount:		
□ \$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)
	Name of Lim Amendment and fee(s) are sub adence concerning this matter Matthew Weinstein, Esqui Cozen O'Connor One Liberty Place, 1650 M Philadelphia, PA 19103 MatthewWeinstein@cozen. E-mail address: (Incerning this matter, please of the color	DEVELOPMENT - HIALEAH, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Matthew Weinstein, Esquire Name of Person Cozen O'Connor Firm/Company One Liberty Place, 1650 Market Street Address Philadelphia, PA 19103 City/State and Zip Code MatthewWeinstein@cozen.com E-mail address: (to be used for future annual report incerning this matter, please call: Person at (215) 665-4744 at (Area Code) Day crollowing amount: Cartificate of Status Certified Copy

MAILING ADDRESS: 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

FRONTIER DEVELOPMENT - HIALEAH, LL				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Com Florida document number	ралу were filed on	March 11, 2003	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company he	:re:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the	abbreviation, L.L	.C."
Enter new principal offices address, if applicable:			설품 목	ENDAIN
(Principal office address MUST BE A STREET ADDRES	<u></u>		<u> 경제</u> 등	- Harris
Enter new mailing address, if applicable:			FLORGE 8: 5	THE THE
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, <u>ent</u>	er the name o	f the n
Name of New Registered Agent:				•
New Registered Office Address:	Enter Floi	rida street address		
		, Florida		
	City	, x ioi ida	Zip Code	
New Registered Agent's Signature, if changing Registered A	pent:			

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

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	Address	Type of Action
MGR	GORDON SOUTH, LLC	1801 SW 3rd Avenue	
		Suite 500	■ Remove
		Miami, FL 33129	☐ Change
MGR	Eric Gordon	1801 SW 3rd Avenue	Add
		Suite 500	☐ Remove
		Miami, FL 33129	
			Change
			Add
			□ Remove
		19-19-19-19-19-19-19-19-19-19-19-19-19-1	Change
<u></u> <u>-</u>			□ Add
			20 Change
			SET OF L
			© C.
			☐ Change
			Add
		<u></u>	□ Remove
			☐ Change

				
				
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	date, if other than the date of filing we date is listed, the date must be specific and	i cannoi de prior io date of min	g or more unan yu days ane	r filing.) Pursuant to 605.0
checi	the date inserted in this block does not n	neet the applicable statutor	y filing requirements, th	is date will not be listed
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eneci e: If	's effective date on the Department of S			
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eried e: If umen eco ne 9	of specifies a delayed effective of South day after the record is filed. September	date, but not an effect		2015 OC SECKE TALLAH
eried e: If umen eco ne 9	of specifies a delayed effective of South day after the record is filed. September	late, but not an effect		2015 OCT - 6 SECRETAR TALLAHASS
e: If umen	of specifies a delayed effective of South day after the record is filed. September	date, but not an effect	ntative of a member	2015 OC SECKE TALLAH

Filing Fee: \$25.00