Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI NEW BAY LLC

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|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Miami New Bay ELC | | |
|---|---|------------------|
| (Name of the Limited Liability Compa (A Fiorida Limited) | Liability Company) | |
| The Articles of Organization for this Limited Liability Company lorida document number <u>L03000015653</u> | were filed on 5/1/2003 | _ and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab: | lity Company," the designation "LLC" or the abbre | viation "L.L.C." |
| inter new principal offices address, if applicable: | 375 Park Avenue, 10th Floor | |
| Principal office address MUST BE A STREET ADDRESS) | New York, New York 10152 | |
| nter new mailing address, if applicable: | 375 Park Avenue, 10th Floor | |
| Mailing address MAY BE A POST OFFICE BOX) | New York, New York 10152 | |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her | ffice address on our records, <u>enter th</u> <u>e</u> : | 2007 the |
| Name of New Registered Agent: | | כר |
| New Registered Office Address: | Enter Florida street address | 관 - |
| | , Florida | <u></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 as provided for in Chapter 605, F.S. Or, if this document is heing 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> | <u>Name</u> | Address | Type of Action |
|--------------------|-----------------------|-----------------------------|----------------|
| MGR | Carpentier, Katherine | 375 Park Avenue, 10th Floor | £ Add |
| | • | New York, New York 10152 | ☐ Remove |
| | | | Change |
| MGR Fuchs, Michael | Fuchs, Michael | 375 Park Avenue, 10th Floor | Add |
| | | New York, New York 10152 | □ Remove |
| | | | ○ Change |
| MGR Handelma | Handelman, Alan | 390 Park Avenue | □ Add |
| | | New York, New York 1002? | ☐ Remove |
| | · | | Change |
| | | | ☐ Add |
| | | | □ Remove |
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| ffective date, if other than the an effective date is listed, the date no other. If the date inserted in this blocument's effective date on the Date of the Date o | GCF does not used the abbacable | (optional) are of filing or more than 90 days after filing.) P statutory filing requirements, this date wi | Pursuant to 605-0207 ill not be listed as |
| e record specifies a delaye The 90th day after the rec | i effective date, but not ar ord is filed. | n effective time, at 12:01 a.m. or | n the earlier of |
| October 14 | 2020 | | |
| ale: | VV | The second of th | |
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| 177 | Agnature of a member ordanthorized | d representative of a member | |
| Katherine Carpentics | | | |

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Filing Fee: \$25.00