| (Requestor's Name)                      |                  |
|---|------------------|
| (Address)                               | 30036980610      |
| (Address)                               |                  |
| (City/State/Zip/Phone #)                | 07/19/2101017024 |
| PICK-UP WAIT MAIL                       |                  |
| (Business Entity Name)                  |                  |
| (Document Number)                       |                  |
| Certified Copies Certificates of Status | ·                |
| Special Instructions to Filing Officer: | 17 A II: 24      |
|   |                  |
| Office Use Only S. ( -                  |                  |
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## **COVER LETTER**

| TO:              | Registration So<br>Division of Co |  |  |   |         |
|------------------|-----------------------------------|--|--|---|---------|
| CLID III         |                                   | dale I, LLC                                  |  |   |         |
| SUBJEC           | ul;                               | Name of Lir                                  | nited Liability Company  | _   |         |
| The encl         | losed Articles of                 | Amendment and fee(s) are sul                 | bmitted for filing.  |   |         |
| Please re        | eturn all correspo                | ondence concerning this matter               | r to the following:  |   |         |
|                  |                                   | Anne-Marie Valla                             |  |   |         |
|                  |                                   |  | Name of Person   | <del></del>   |         |
|                  |                                   | RK Centers                                   |  |   |         |
|                  |                                   | <del></del>                                  | Firm/Company   |   |         |
|                  |                                   | 50 Cabot Street, Suite 200                   |  |   |         |
|                  |                                   |  | Address  |   |         |
|                  |                                   | Needham, MA 02494                            |  |   | CD      |
|                  |                                   | amvalla@rkcenters.com                        | City/State and Zip Code  |   |         |
|                  |                                   | E-mail address:                              | (to be used for future annual report notification)   |   | •       |
| For furth        | er information c                  | oncerning this matter, please of             | call:  | >   | <b></b> |
| Anne-M           | arie Valla                        |  | 781 320-0001   | II: 21  | ر       |
|                  | Name o                            | f Person                                     | Area Code Daytime Telephone Nun  | nber  |         |
| Enclosed         | l is a check for th               | ne following amount:                         |  |   |         |
| <b>■ \$25</b> .6 | 00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certical Copy (additional copy is enclosed) Certical Certification Cert | 0 Filing Fee,<br>ficate of Status<br>fied Copy<br>ional copy is enclo |         |
|                  | Mailing Addres                    |  | Street Address:  |   |         |
|                  | Registration S Division of C      |  | Registration Section Division of Corporations  |   |         |
|                  | P.O. Box 632                      | 7  | The Centre of Tallahassee  |   |         |
| ,                | Tallahassee, I                    | FL 32314                                     | 2415 N. Monroe Street, Suit  | c 810   |         |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RK Hallandale I, LLC  |   |                           |
|---|---|---------------------------|
| (Name of the Limited Liab<br>(A Flor  | pility Company as it now appears on our records.) rida Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability   | Company were filed on 7/27/2007   | and assigned              |
| Plorida document number L07000077531  |   | <i>5</i>                  |
| his amendment is submitted to amend the following:  |   |                           |
| A. If amending name, enter the new name of the li   | mited liability company here:   |                           |
| he new name must be distinguishable and contain the words "L  | imited Liability Company," the designation "LLC" or                               | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                           |
| Principal office address MUST BE A STREET ADI   | DRESS)  |                           |
|   | -   |                           |
|   |   | ·                         |
| Enter new mailing address, if applicable:   |   |                           |
| Mailing address MAY BE A POST OFFICE BOX)   |   |                           |
|   |   | (2)                       |
|   |   | * .                       |
| . If amending the registered agent and/or register gent and/or the new registered office address here | ed office address on our records, enter the                                       | name of the new registe   |
|   |   | <u> </u>                  |
| Name of New Registered Agent:   |   | <u> </u>                  |
| New Registered Office Address:  |   | 11: 2                     |
|   | Enter Florida street address  |                           |
|   | , Florid  | a                         |
|   | 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 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 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 |
|--------------|---------------------------------|---------------------------------|----------------|
| AMBR         | Katz Legacy Limited Partnership | 17100 Collins Avenue, Suite 225 | <b>≣</b> ∧dd   |
|              |                                 | Sunny Isles Beach, FL 33160     | Πn             |
|              |                                 |                                 | Change         |
|              |                                 |                                 |                |
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| Effective date, if other than the date of filing:  (optional)  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.) Purguant to 605  Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be histe document's effective date on the Department of State's records.  | 1.1            |
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| Effective date, if other than the date of filing:  (a)  (a)  (a)  (b)  (b)  (b)  (c)  (c)  (c)  (c)  (c   |                |
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| Dated July 14 , 2021  |                |
| Dated July 14, 2021   | ay after the   |
|   |                |
|   |                |
|   |                |
|   |                |
| Signature of a member or authorized representative of a member  |                |