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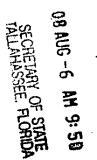
(Re	equestor's Name)			
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M. THOMAS

AUG - 7 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BAL HAR		ind Linking Common)	·
	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jay Phillip Parker		
		(Name of Person)	
	Jay Phillip Parker, P.A.		
•		(Firm/Company)	
	1691 Michigan Avenue, S	Suite 320	a :
•		(Address)	100 P
	Miami Beach, FL 33139		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	18 MIG-6 M 9:58
Faran Yawer		at (305) 695-2699	~
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	□\$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)

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

BAL HARBOUR #1, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on 08/01/2008	and assigned
Florida document number L08000074122		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
		,
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation	on "LLC" or the abbreviation
•		SALLS OF STATE
Enter new principal offices address, if applicable:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
•		Pri On I
Enter new mailing address, if applicable:		95
Mailing address MAY BE A POST OFFICE BOX)		Br
B. If amending the registered agent and/or registered		ter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	et address)
	, Florida	
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> MGR Jay Phillip Parker 1691 Michigan Avenue, Suite 320 **₽** ✓ Add MIAMI BEACH, FL 33139 Remove ☐ Add Remove **Add** Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 8/5/2008 Signature of a/member or authorized representative of a member Jay Phillip Parker

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00