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10 AUG 12 PM 2: 35
SECRETARY OF STATE

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	Riverside Holly Hill, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.				
Please return all	correspondence concerning this matter to the following:				
	Kenneth Scott Name of Person				
	Riverside Holly Hill, LLC				
	Firm/Company				
	3390 Mary Street, Suite 200				
	Address				
	Coconut Grove, FL 33133 City/State and Zip Code				
	K.scott@swerdlow.com E-mail address: (to be used for future annual report notification)				
For further infor	mation concerning this matter, please call:				
	Kenneth Scott at (305) 476-0100				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a che	eck for the following amount:				
\$25.00 Filing	Fee \$\sumset\$\\$30.00 \text{ Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Certificate of Status & Certified Copy (additional copy is enclosed)				
ata e e jagir	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

Riverside Holly Hill, LLC

FILED 10 AUG 12 PM 2: 85
SECRETARY OFFETATE

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe da Limited Liability Company	ars on our records 2/1/155	EE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number	•	January 12, 2009	_ and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
	-		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			,,,,,,
	1	Inter Florida street addres	SS
_	City	, Florida	Zip Code
	City		zip Coue

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Swerdlow Holly Hill GP LLC	3390 Mary Street, Suite 200 Coconut Grove, FL 33133	Add ✓ Remove
MGR_	Michael J. Swerdlow	3390 Mary Street, Suite 200 Coconut Grove, FL 33133	✓ Add Remove
MGRM	BF Riverside Holdings,LLC	3390 Mary Street, Suite 200 Coconut Grove, FL 33133	
<u>MGRM</u>	Posner Holdings, LLC	3390 Mary Street, Suite 200 Coconut Grove, FL 33133	Add Remove
			Add Remove
-,	·		AddRemove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
			FILED 10 AUG 12 PH 2: 85 ECKLTARY OF STAJE ALI AHASSEE, TLORIDA
 Dated	August 9 , 20	010	
	Signature of a mepiber	r or authorized representative of a member	
		nneth Scott, CFO	
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00