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H16000048241

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MÁRINA OAKS 2 I.LC				
(Sume of the Lin	(A Florida Limited	tny as It nov nopears Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number 1.09000083843	भारत बसडां ह्यास्त			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited link	ollity company ber	<u>'e</u> :	
The new name must be distinguishable and contain the	words "Limited Light	lity Company," the des	denation "LLC" or th	
Enter new principal offices address, if appl	icable:	3423 NIS 166TII-	ST.	
(Principal office address MUST BE A STRE		NORTH MIAMI	BEACH	THE BUTTON
		FL, 33160		200 1
Enter new mailing address, if applicable:		3423 NE 166TH	<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>	F1., 33160	DIACTI	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, <u>ent</u>	er the name of the ne-
	3423 NE.16671	ELST.		
	, , , , , , , , , , , , , , , , , , , 	Enter Florid	u streci address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NORTH MIAN	ILBEACH	, Florida	33160
		City	Pinnidit	Ltp 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 Hability company has been notified in writing of this change.

Il Changing registered Agent, Signature of New Registered Agent

Page I of 3

02/24/2018 5:32PM FAX 9546414192

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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 = Mnoager AMBR = Authorized Member

<u>Title</u>	Nume	<u>Address</u>	Type of Action
AMBR	HON CAPITAL, LLC	20801 BISCAYNE BLVD	
		SUITE 403	Remove
		AVENTURA, FL 33180	□ Change
MOR	OREN HON	3423 NE 166TH ST.	≅ Add
*,		NORTH MIAMI BEACII	
		PL, 33160	
MOR	SHIRA HON-LAHAV	3423 NE 166TH ST.	
		NORTH MIAMI BEACH	
		FL, 33160	Change
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)048241 ing any other is	nförmation, enter	r change(s) here: //	tttach additional she	ets, if nucessurv.)	
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specifies a de h day after th	elayed effective ne record is filed	a date, but not an d.	effective time, at	12:01 a.m. on	the earlier of
of Octob	er 16, 201 <u>5</u>	<u>.</u>			
	• -	·			
	ing any other in the date is listed, the date inserted in effective date of specifies a day after the day after th	ing any other information, entering any other than the date of file date is listed, the date must be specificated in this block does not effective date on the Department of specifies a delayed effective hiday after the record is file.	ing any other information, enter change(s) here: (A	ing any other information, enter change(s) here: (Attach additional the late, if other than the date of filing: date, if other than the date of filing: date is listed, the date must be precific and entert be prior to date of filing or more than 95 and its inserted in this block does not need the applicable suitatory filing requires effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at h day after the record is filed.	ing any other information, enter change(s) here: (Attach additional theets, if nucessary.) into, if other than the date of filing: the is listed, the this must be specific and similar to prior to due of filing or more than 90 days after filing.) For due is listed in this block does not need the applicable statutory filing requirements, this date will effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on h day after the record is filed.

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Typed or printed name of signice

OREN HON, Authorized representative