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(Address)				
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12 FEB 24 PM 1: 28
SECRETARY OF STATE

COVER LETTER

SUBJECT:		west Ranches LLC				
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		` Jack Azout				
Name of Person						
MGT Southwest Ranches LLC						
Firm/Company						
P. O Box 630817						
Address						
		Miami, FL 33163 City/State and Zip Code				
	· · · · · · · · · · · · · · · · · · ·					
	E-mail address: (gilazo@gilazo, com to be used for future annual report	notification)			
For further information concerning this matter, please call:						
	Jack Azout	at (305)	935-5175			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section > Division of Corporations

TO:

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

	Southwest Ranches LL	<u>C</u>		
(Name of the Limited L	iability Company as it now appear lorida Limited Liability Company)	rs on our records.		
(A1	iorida Emined Etablity Company)	•		
The Articles of Organization for this Limited Liab	oility Company were filed on	12/22/1999	and assig	gned
Florida document number L090001212	70			
This amendment is submitted to amend the follow	ving:	,		
A. If amending name, enter the new name of the	he limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with	the words "Limited Liability Compa	ny," the designation "L	LC" or the at	breviation
"L.L.C."				
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
	,			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	OX)			
B. If amending the registered agent and/or		our records, <u>enter t</u>	le hame of	the new
registered agent and/or the new registered offic	<u>ce address here</u> :	ָרֶ בַּ		
		•	2	Security.
Name of New Registered Agent:			2 +	3
New Registered Office Address:		;		भूतम् सर्वेद्य
New Registered Office Address.	En	ter Florida street add		
		. Florida	1 1 1 1 1 1 1 1 1 1	
	Citv	, riorida	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 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 **Type of Action Address** Title Name MGR Saul Gilinski ✓ Add 2875 NE 191 Street Remove Suite, PH-1B Aventura, FL 33180 ☐ Add Remove Add [☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated TeSruary 2-2-

Jack Azout
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2
Filing Fee: \$25.00