02719/2030 01 6 Innnin-10	
or 19/2030 01 16 Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
Note: Please print this page and use it as a cover sheet. Type the fa (shown below) on the top and bottom of all pages of the doc	
(((H12000092452 3))) H120000924523ABCZ Note: DO NOT hit the REFRESH/RELOAD button on your browser	from this page.
To: Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440	TILAPR -9 M 7: DECRETARY OF ST
**Enter the email address for this business entity to be used annual report mailings. Enter only one email address Email Address:	ESIGN
Estimated Charge \$25.00 Estimated Charge \$25.00 Electronic Filing Menu Corporate Filing Menu https://cfile.sunbiz.org/scripts/efilcovr.exe	J. BRYAN IIelp APR 1 0 2012 EXAMPNER

19/2030 01:56	
Apr. 9. 2012 11:31AM BH Capital	44916 P. 002/00 No. 2004 F. 3/4
ARTICLES O	DF AMENDMENT
	ΤΟ
ARTICLES OF	ORGANIZATION OF
Florida Resider	ntial Ventures, LLC
(<u>Name of the Lamited Ltability Con</u> (A Florida Limite	RDARY AS it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on October 15, 2010 and any good
Florida document number L10000107956	LCRET L
This amendment is submitted to amend the following:	ASSET OF
A. If amending name, enter the new name of the limited H	iability company bare:
	OR S
i he new name must be distinguishable and end with the words "L "L.L.C."	imited Lizbility Company," the designation "LLC" or the abbit film
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS))
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	
New Assister Office Address.	Enter Florida street address
	Floride
·	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	CL
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	plete performance of my duties, and I am familiar with and s provided for in Chapter 608, F.S. Or, if this document is
If Cb	apping Registered Agent, Signature of New Registered Agent
	t of 2

Page 1 01 2

H12000092452

If amending	g the Monagers or Managing Members	an our records, enter the title, name, an	d address of each Manager
or Managin	e Member being added or removed fro	m our records:	
MGR = Ma MGRM = N	nager Aznaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Mariannie Boschetti	1200 Ponce de Leon Boulevard 2nd Floor Coral Gables, FL 33134	Add Remove
MGR	Ventures Condo Management, Inc.	1200 Ponce de Leon Boulevard. 2nd Eloor Miami, EL-33133	2nd Fiz 🕅 Add Remove
			Add
			Add
			Add Palls AP
D. Kamendi	ing any other information, enter change	(s) here: (Attach additional sheets, if neces	Add
			ORIDA
		1	
Dated	March 28	12/2. 	
-	Marianni	or authorized representative of a member a Boschatti Cordovez	
_	Typed o	r printed barne of signes Page 2 of 2	