Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAKER & MCKENZIE Account Number : 074222002135 Phone : (305)789-8900 : (305)789-8953

**Enter the email address for this business entity to be used for fill annual report mailings. Enter only one email address please.

stewart.kasner@bakermckenzie.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREEL REALTY LLC

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| CREEL REALTY LLC | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|
| (Name of the Limited Liability Co. (A Florida Limit | mpany as it now appears on oni ted Liability Company) | records. |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000039139</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and end with the words "L.L.C." | Limited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2013 APR |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our rec here: | FLERSTA |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | Enter Flor | ida street addre.:s |
| | | , Florida |
| New Desires of Assessed Company of the second of the secon | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | <u>ent:</u> | |

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

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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 = Ma MGRM = N | nager Janaging Member | |
|----------------------|--------------------------|-----------------------------------|
| <u>Title</u> | <u>Name</u> | Address Type of Action |
| MGR | Robert Lowman | 2730 SW 3rd Avenue, Suite 800 |
| | | Miami, FL 33129 ✓ Remove |
| MGR | Maylis Belfiore | 5021 Lakewood Drive ✓ Add |
| | | Cooper City, Florida 33330 Remove |
| | | Add |
| | | Add Add Amove |
| | | Remove |
| | | Add |

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| D. If s | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|------------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| Dated . | Hpril 19 2013 |
| | Slasner |
| | Signature of a member or authorized representative of a member |
| | Stewart L. Kasner, Esq., Authorized Representative |
| | Typed or printed name of signou |

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