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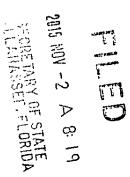
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 856271 7805619 AUTHORIZATION COST LIMIT ORDER DATE: November 2, 2015 ORDER TIME : 12:36 PM ORDER NO. : 856271-005 CUSTOMER NO: 7805619 DOMESTIC AMENDMENT FILING NAME: CHELSEA PROPERTY GROUP, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT _____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:	Registration So Division of Cor	ection rporations		
STIR	JECT:	helsea Propert	a Group, LLC	
306	JEC1	Name of Lin	fited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	se return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		 	Firm/Company	
			Address	· · · · · · · · · · · · · · · · · · ·
			City/State and Zip Code	<u> </u>
For f	urther information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifull:	fication)
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Encid	osed is a check for the	ne following amount:		
□ \$	25.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Chelsea Property	Group, LLC	~
Chelsea Property (Name of the Limited Liability Comman (A Florida Limited L	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number \(\textit{L10000 47147}\).	were filed on	7/ 22, Zoll and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company herc:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		Add Maria
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off		ecords, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)		ecords, <u>enter the name of the ne</u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ecords, <u>enter the name of the ne</u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	: Euler Florida street	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here Name of New Registered Agent: New Registered Office Address:	: Euler Florida street	address
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	Euler Florida street City e to act in this capacity performance of my dutt covided for in Chapter	oddress , Florida Zip Code y. I further agree to comply with the lies, and I am familiar with and 605, F.S. Or, if this document is from that the limited liability
B. If amending the registered agent and/or registered off registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	Enter Florida street City e to act in this capacity performance of my duti rovided for in Chapter address, I hereby confi	Tip Code Zip Code Zip Code y. I flurther agree to comply with the lies, and I am familiar with and 605, F.S. Or, if this document is from that the limited liability
B. If amending the registered agent and/or registered off registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	Enter Florida street City e to act in this capacity performance of my duti rovided for in Chapter address, I hereby confi	oddress , Florida Zip Code y. I further agree to comply with the lies, and I am familiar with and 605, F.S. Or, if this document is from that the limited liability

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrea Travoglia	50 South Pointe Drive # 3201 Miami Beach, FL 33139	Add NSC Remove
			□ Change
MER	David C. Bloom	c/o Bloom Office LLC	MVqq
		C/OB(som Office LLC 575 Medison Ave. 10th Floor New York, NY 10022	□ Ксточе
			□ Change
	-		🗖 Add
			П Кеточе
,			Change
			D Add
			Remove
			Change
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			Remove
		2015 2.C.C.	Change
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	Page 2	of 3	. —

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If the onent's coord so	date inserted in ffective date of specifies a diday after the	elayed effective he record is file. Signature of	re date, but not a ed.	d representative of a	member	a.m. on th	ne earli