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Division of Cornorations
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7.8146 From Charles Ratner Page 1 of 2

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 fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CHARLES PATNER, P.A.

Account Number : 120100000025 Phone : (305) 520-9120

Fax Number : (305)437-8146

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

| Email | Address: | | | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BARON SUNSET 2, LLC**

| Certificate of Status | 0 |
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| Certified Copy | U |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help S. WARREN JUL 21 2017

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AMENDMENT ORGANIZATION OF.

| BARON SUNSET 2, LLC | | |
|--|--|-----------------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our r Florida Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liab Florida document number <u>L11000091777</u> | | and assigned |
| | | |
| This amendment is submitted to amend the follow | mg. | |
| A. If amending name, enter the new name of the | ne limited liability company here: | |
| The new name must be distinguishable and contain the worth | ds "Limited Liability Company," the designation | "LLC" or the abhreviation "L.L.C" |
| Enter new principal offices address, if applicab | le: | 600 L |
| Principal office address MUST BE A STREET. | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u> </u> |
| | | 현물 물 년 |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BO | | 2 |
| maning data ess med i m. A 1 vor vor vor vor | | 7.7 |
| B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: | registered office address on our re ce address here: | ecords, enter the name of the r |
| Name of the wegistered rigent. | | |
| New Registered Office Address: | | |
| | EnterFloridastreet | acidress |
| | EnterFloridastreet <u>11</u> | aidress |

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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

| MGR = AMBR = | Manager Authorized Member | H17CU01893933ABC7 | |
|-----------------|------------------------------|-------------------------------|---------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| AMBR | Philip Levine | 960 Alton Road | ⊟ Add |
| | | Miami Beach, I'L 33139 | ☐ Remove |
| | | | Change |
| AMBR | YEEFRIS ESTREMERA | fisted as 1425 NORTH VIEW DRI | |
| | | MIAMI BEACH, FL 33140 | ■ Remove |
| | | | ☐ Change |
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| | iship with the Company and is a person unknown to the undersigned | d and to the Company |
| YEEFRIS ESTREMERA | A has no authority to bind the Company. | |
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| reffective date is listed, the date ter II the date inserted in th | must be specific and cannot be prior to date of filing or more than 90 days at its block does not meet the applicable statutory filing requirements, | tier filing) Pursuancio 6 |
| te: If the date inserted in th | must be specific and cannot be prior to date of filing or more than 90 days at | tier filing) Pursuancio 6 |
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