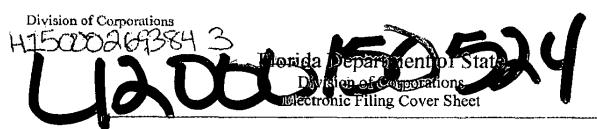
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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STEINBERG GARELLEK P.L.

Account Number : I20110000015 Phone : (561)391-3344 Fax Number : (561)948-4713

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

Email Address: Harris@ Kolawyers.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Sea Ranch D302, LLC			
(Name of the Lini	(A Florida Limited)	nr as it now appears on our r Liability Company)	reards.)
The Articles of Organization for this Limited L Florida document number L12000150524	iability Company	were filed on 12/08/2008	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oillty company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3582 Ensign Circle	
(Principal office address MUST RE A STREET ADDRESS)		Delray Beach, Fl. 33483	
			±100 ज
Enter new mailing address, if applicable:		3582 Ensign Circle	
(Mudling address MAY BE A POST OFFICE BOX)		Delray Beach, Fl. 33483	20元 万 H
			70 P D
B. If amending the registered agent and registered agent and/or the new registered of			
Name of New Registered Agent:	Michael Harris		
New Registered Office Address:	200 East Palme	etto Park Road, Suite 103	
San Control of the Co		Enter Florida street o	address
	Boca Raton		, Florida ³³⁴³²
	*******	City	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 um 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

Page 1 of 3

TO: +18506176383

P. 3

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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	Yifat Silvestri	3582 Ensign Circle	<u></u>
		Delray Beach, Fl., 33483	☐ Remove
			☐ Change
MGR	Luigi Silvestri	3582 Ensign Circle	
		Delray Beach, Fl., 33483	■ Remove
			-100 archange
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			က် Change,
			☐ Add
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3. <u></u>			🗖 Add
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(If an effecti <u>Note:</u> If t	date, if other the date is listed, the the date inserted in a confective date of the date	date must be s in this block of	pecific and cr does not me	umot be prior et the applic	to date of filis able statutor	ng or more the y filing requ	(opti in 90 days after drements, thi	filing.) Pursuant to	605.020 listed a
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Typed or printed name of signee

Filing Fee: \$25.00