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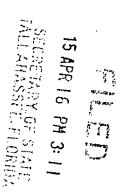
| (Re                     | equestor's Name)   | -           |
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## **COVER LETTER**

|              | gistration Sec<br>vision of Corp |  | •   |  |
|--------------|----------------------------------|--|---|--|
| SUBJECT:     | THE BEA                          | CHWALK 1706 LLC                              |   |  |
| SUBJECT.     |                                  | Name of Limi                                 | ited Liability Company  |  |
| The enclose  | d Articles of A                  | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please retur | n all correspor                  | ndence concerning this matter                | to the following:   |  |
|              |                                  | Alan J. Marcus, Esq                          |   |  |
|              |                                  |  | Name of Person  |  |
|              |                                  | Alan J. Marcus, Esq                          | •   |  |
|              |                                  | ·  | Firm/Company  |  |
|              |                                  | 20803 Biscayne Bou                           | ılevard, Suite 301  |  |
|              |                                  |  | Address   |  |
|              |                                  | Aventura, FL 33180                           |   |  |
|              |                                  |  | City/State and Zip Code   |  |
|              |                                  | alan@alanjmarcus.co                          | om<br>to be used for future annual report notifi                    |  |
| For further  | information co                   | ncerning this matter, please ca              | ·   | cation)  |
| Alan J. N    | /larcus                          |  | 305 937-1800  |  |
|              | Name of                          | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclosed is  | a check for th                   | e following amount:                          |   |  |
| \$25.00      | Filing Fee                       | □ \$30.00 Filing Fee & 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

| THE BEACHWALK 1706 L   |  | ny as it now appears on our records.)<br>Liability Company)      |   |                           |
|--|--|--|---|---------------------------|
| The Articles of Organization for this Limited Liferida document number <u>L13000040967</u> This amendment is submitted to amend the follows.  A. If amending name, enter the new name of   | fability Company  owing:                                   | were filed on 03/19/2013   | and assign  | ed                        |
| The new name must be distinguishable and end with the  |  |  | the abbreviation "L.L.                            | C."                       |
| Enter new principal offices address, if applic   |  | 3451 NE 18 Avenue  |   |                           |
| Enter new principal offices address, it applie<br>(Principal office address MUST BE A STREE  |  | Oakland Park, FL 33306   |   |                           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of   | or registered of   | · · · · · · · · · · · · · · · · · · ·                            | ter the name of                                   | the new                   |
| Name of New Registered Agent:  | Alan J. Mar  | cus, Esq.  | 15<br>SEC<br>TALL                                 |                           |
| New Registered Office Address:   | 20803 Bisc   | ayne Boulevard, Suite 301  | ######################################            |                           |
|  | Aventura   | Enter Florida street address , Florida                           | 33180 <del>D</del>                                | Tay                       |
| New Registered Agent's Signature, if changing  | Registered Agent:  | City   | DE ZIP COME                                       | フ                         |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this | er and complete<br>istered agent as p<br>registered office | performance of my duties, and I provided for in Chapter 605 F.S. | am familiar with a<br>Or, if th <b>i</b> s docume | with the<br>ind<br>ent is |

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>               | <u>Name</u>                 | Address                 | Type of Action        |
|----------------------------|-----------------------------|-------------------------|-----------------------|
| MGR                        | GABRIEL HORACIO VIC         | ENTE 2380 SW 80 Street  | Add                   |
|                            |                             | Miami, FL 33155         | ■ Remove              |
| MGR SEBASTIAN MATIAS VICEN | SEBASTIAN MATIAS VI         | CENTE 2380 SW 80 Street |                       |
|                            |                             | Miami, FL 33155         | Remove                |
|                            | TOS FILHO 3451 NE 18 Avenue | Add                     |                       |
|                            |                             | Oakland Park, FL 33306  | □ Remove              |
|                            |                             |                         | SQ Add                |
|                            |                             |                         | A File Remover, 15 PM |
|                            |                             |                         | Remove                |
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|                            |                             |                         | □ Remove              |

| . If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| шс     | red, 2015 .  |
| Dat    | ed (1) (1) (1) (1) (1)   |
|        | Mous   |
|        | Signature of a member or Authorized representative of a member                                 |
|        | mm Maras atti  |
|        |  |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE