Division of Corporations

Florida Department of State (shown below) on the top and bottom of all pages of the document.

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TYRRELL PROPERTIES, LLC

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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYRRELL PROPERTIES, LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I	05/13/2013 and assigned	
Florida document number 1.13000070427	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company l	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	22
		ECATIARY NIASS
		3.2 3.4 2.7
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		PH 1:20
		Los
		TE RID
3. If amending the registered agent and/or agent and/or the new registered office addre	• •	records, enter the name of the new registere
Name of New Registered Agent:	Corporate Creations Network In	c.
New Registered Office Address:	801 US Highway 1	
	Enter Fl	orida street address
	North Palm Beach	Florida 33408

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 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.

City

Carlos M Alvarez, Special Secretary

Zip Code

Docusion Envelope ID: 3286F372-5DA7-4787-AB52-ABA57C78CCDF

1) amenuing Authorized rerson(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

Title Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nicole Kavana	241 N.E. 61ST STREET	
		MIAMI, FL 33137	□Remove
			Change
DIRECTOR	JORDAN KAVANA	241 N.E. 61ST STREET	OAdd
		MIAMI, FL 33137	⊠Remove
			□Change
			DAGNITATIVE OF SEA
			DAdd □Add
			□Remove
			☐ Change
			CJAdd
			□Remove
			☐ Change
			□Add
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□ Change

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Effec(tive date, if other than the date of filing: (optional)	
(If an et Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	207 (3)(! as the
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