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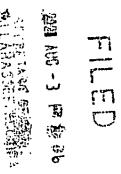
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

cup incr.	BEACHWALK	307 ON THE BAY LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
	nendment and fee(s) are sub	/ \				
	•*	Name of the San		-		
	7	815 SW 24th ST STE 107		-		
		MIAMI, FL 33155		_		
	City/State and Zip Code jorge_vizioli@hotmail.com					
		to be used for future annual rep	oort notification)			
For further information con	cerning this matter, please c					
JORGE L	. CUESTA	786 542	! - 0922			
Name of P	erson	Area Code	Daytime Telephone Number	ir		
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status &		
Mailing Address: Registration Se			on Section			
Division of Cor	porations	Division	of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BEACHWALK 307 ON THE BAY LLC (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company) 06/25/2013 The Articles of Organization for this Limited Liability Company were filed on and assigned L13000091170 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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 applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cin

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address	Type of Action
MGR	JORGE L. CUESTA	7815 SW 24th ST STE 107	<b>≅</b> Add
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is filed.	August 26th	Signature of	f a member or auti	norized represe	tive of a me	ember		

Filing Fee: \$25.00