Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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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M. MILLIGAN

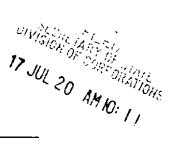
JUL 2 4 2017

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Auckland Properties 005, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/03/2013 __ and assigned Florida document number _____13000124907 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending Anthorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR □ Manager AMBR □ Anthorized Member

Title	Name	Address	Type of Action
MGR	Auckland Holdings, LLC	1450 Brickell Avenue, 18th Floor	B Add
		MIAMI, FL 33131	C Remove
			C Change
MGR	NEW BERING INVESTMENTS LTD.	1450 Brickell Avenue, 18th Floor	C Add
		MIAMI, FL 33131	Remove
			☐ Change
			D Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Remove
		<u> </u>	C Change
			O Add
			Remove
			Charles

f am endi ng s	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
Version de la	e, if other than the date of filing:(optional)
(If an effective da <u>Note:</u> If the da	to totaler than the date with the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as directive date on the Department of State's records.
he record sp The 90th (pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated July 7th	Dup Pacia acts and functor Signature of a pietroer of authorized representative of a perimber
M-	vria Paula Lanat Suarez
1012	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00