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Leopold Fax

8/19/2022 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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

Email A	Address:	
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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

PARK WEST GATEWAY LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number L14000172794	pany were filed on 11/05/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	llability company here:
The new name must be distinguishable and contain the words "Limited L	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	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7022
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	Ice address on our records, enter the name of the new regis
Name of New Registered Agent:	- 2: - 2: - 3:
	0. 2
New Registered Office Address:	FF . P.1 + f
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 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	Zeifman, Greg	1680 Michigan Ave	
		Suite 700	■ Remove
		MIAMI BEACH, FL 33139	□ Change
MGR	Park West Gateway Managing Member, Inc.	1680 Michigan Ave	
		Suite 700	
		MIAMI BEACH, FL 33139	□Change
			□Add
			□Remove
			□ Change
			Remove
			☐ Change
			DAdd
			Remove
			□Change
			□Add
			□Remove
			□ Change

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Greg Zeifman

Typed or printed name of signee

Signature of a member or authorized representative of a member