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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations					
oun to		A BAY LLC					
SUBJECT:Name of Limited Liability Company							
The end	closed Articles of	Amendment and fee(s) are subm	itted for filing.				
Please	return all correspo	ndence concerning this matter to	the following.				
		ASHLEE VEGA					
			Name of Person				
	BEACHWOLD RESIDENTIAL, LLC						
	Firm/Company						
		192 LEXINGTON AVENUE	E, SUITE 901				
			Address				
		NEW YORK, NY 10016					
		AVEGA@BEACHWOLD.C	City/State and Zip Code				
		-	be used for future annual report notifi	ication)			
For fun	ther information co	oncerning this matter, please call	l:				
ASHLI	EE VEGA		646 354-2114				
Thanl	k you in advan	ppy of the certified docum	at () Area Code Daytime ent once filed: avega@beach	Telephone Number nwold.com			
□ \$25	5.00 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

BW SIENNA BAY LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company Florida document number L14000178611	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ 17
Principal office address MUST BE A STREET ADDRESS)		A P
		20 95.
Enter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
-		10 :
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the ne
Now Positional Office Add.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Florida	Zin Code

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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Gideon Z Friedman	192 Lexington Avenue, Suite 901	
		New York, NY 10016	■ Remove
			⊟ Change
MGR	Sienna Bay Manager LLC	192 Lexington Avenue, Suite 901	■ Add
		New York, NY 10016	□ Remove
			Change
			Remove
			Change
			□ Remove
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_			filing:			(optional)	
record	effective date of	n the Departmen	inot meet the app it of State's recor ive date, but i	dicable statutory fi	iling requiremen	ts, this date will i	ot be listed
record :	effective date of specifies a donate the day after the	elayed effection	inot meet the app at of State's recor ive date, but i iled.	not an effectiv	e time, at 12	ts, this date will i	ot be listed
record :	effective date of specifies a donate the day after the	elayed effection	inot meet the app at of State's recor ive date, but i iled.	not an effectiv	e time, at 12	ts, this date will i	ot be listed
record :	effective date of specifies a donate the day after the	elayed effection	inot meet the app at of State's recor ive date, but i iled.	not an effectiv	e time, at 12	ts, this date will i	ot be listed
record: The 90th	effective date of specifies a donate the day after the	elayed effectine record is fi	inot meet the app at of State's recor ive date, but i iled.	dicable statutory fi ds.	e time, at 12	ts, this date will i	he earlier
record : The 90th	effective date of specifies a don day after the	elayed effectine record is fi	ive date, but it is a member or au	not an effectiv	e time, at 12	ts, this date will i	ot be listed

Filing Fee: \$25.00