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APR 2 2 2015 T. BROWN

TO:	Registration Sect Division of Corp		*	•	*
SUBJE	. ст :	uelock Bul Name of Limit	High red Liability Company	LLC	•
The end	closed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please i	eturn all correspond	dence concerning this matter to	the following:		
		West Palm Jenseid	Firm/Company Address City/State and Zip	enuc, Si El	107 33477
For fur	ther information cor	ncerning this matter, please cal			,
ا	ennifer	Seidman	at (<u>Su</u>	6_307	0639
	Name of I	Person	Area Code	Daytime Tele	phone Number
V	ed is a check for the	following amount: \$\Bigsir \\$30.00 \text{ Filing Fee & Certificate of Status}	☐ \$55.00 Filing Certified Cop (additional copy	ру	□ \$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

AMENPMENT ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION
OF San
ARTICLES OF ORGANIZATION OF BlueRock Baltinore LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed onand assigned lorida document number
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title Address Name 1 MGR Jennifer L. 215 South Olive Avenu add Seidman Suik 107 West Palm Bench, FL 33401 MGR Neil H. Seidman 215 South Olive Avenue add

		Juik 107	Remove
		West Palm Bench, 17. 3	340)
			□ Add
			□ Remove
			_
46R	BrownRock LLC	215 South Olive Avenue	<u>- D</u> Add
		Suite 107	
		West Palm Bench, FL	<u>-</u> 3344
			□ Add
			Remove
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