

Division of Corporations



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000093  
Phone : (305) 932-6262  
Fax Number : (305) 933-9393

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

Email Address: info@serberlawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OLIBEACH3106 LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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2019 DEC 19 PM 11:47  
TALLAHASSEE, FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLIBEACH3106 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 07/13/2015 and assigned  
Florida document number L15000120026

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 end with 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)

1124 Kane ConcourseBay Harbor IslandFlorida 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1124 Kane ConcourseBay Harbor IslandFlorida 33154

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

City, Florida Zip 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Goldfarb, Bernardo	2945 NE 185TH ST	<input type="checkbox"/> Add
		Suite 1410	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	
MGR	Kirstein, Lidia	2945 NE 185TH ST	<input type="checkbox"/> Add
		Suite 1410	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	
MGR	Irene B. Reed	1124 Kane Concourse	<input checked="" type="checkbox"/> Add
		Bay Harbor Island	<input type="checkbox"/> Remove
		Florida 33154	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

HI 9000 362 + 612

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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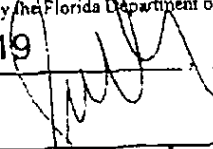
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 19 2019



Signature of a member or authorized representative of a member

Bernardo Goldfarb

Typed or printed name of signee