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Account Number : 072720000075 Phone : (305)891-6100 Fax Number : (305)891-6104

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNALMA INVESTMENTS OF GARDENS LLC

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June 7, 2016

FLORIDA DEPARTMENT OF STATE

LLC Division of Corporations

ALMA INVESTMENTS OF GARDENS LLC 17401 NW 2ND AVE

STE # 4

MIAMI, FL 33169US

SUBJECT: ALMA INVESTMENTS OF GARDENS LLC

REF: L15000127763

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Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: B16000137610 Letter Number: 416A00011926

2016 JUN -7 P 3: 37

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_ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	P)
The Articles of Organization for this Limited Liability Complorida document number L15000127763	pany were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	lliability company here:	
he 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:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>(S)</u>	 _
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		, enter the name of the
		
Name of New Registered Agent:		2016
New Registered Office Address:		
	Enter Florida street address	orida S
		A RUA
	City	Zip Code

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 = M AMBR = A	Janager Authorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AVISHAI VAKNIN	17401 NW 2nd AVE STE 4 Miami FL 33169	□ Add
			□ Remove
			Change
			Add
			□ Remove
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effective date is listed, the date must E: If the date inserted in this blo ument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days tock does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0 i, this date will not be listed
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record specifies a delayed	effective date, but not an effective time, at 12:0	2018 earlier SECONE IARY TABLE HASSE
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	Signature of a member or authorized representative of a member	
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