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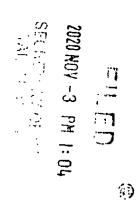
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COVER LETTER

TO: Registration Sec Division of Corp			
SIGNAT	TURE WATERVIEV	V PROPERTIES, LLC	•
SUBJECT:		nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kristen King Jaiven, Esq.		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	SIGNATURE WA	ATERVIEW PROPER	ΓIES, LLC
		Firm/Company	 -
	6699 North Federal Highy	vay: Suite 103	
		Address	
	Boca Raton, FL 334	87	
	kristen@quadcompanies.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information co	ncerning this matter, please c	all:	
Kristen King Jaiven, Esq.		561 300-6921	
Name of	Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 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	<u>:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE WATERVIEW PROPERTIES, 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 L	iability Company	were filed on 08/27/20	15	and assigned
Florida document number L15000147129	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liah	vility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "I	LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applied	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	6699 North Federal I		2020 NOV -3
B. If amending the registered agent and/or ragent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	ss here:	Boca Raton, FL 3348 address on our records, en No Change deral Highway; Suite 103 Enter Florida street add	ter the name of	the new registered
	DOCA NAIOH	Circ	Florida	Zio Code
		7 1Ú)	•	apri vale

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	Jack Jaiven	6699 North Federal Highway; Suite 103	
	 	Boca Raton, FL 33487	□Add
			□Remove
		6699 North Federal Highway; Suite 103	(X Change
MGR	Ben Schachter	Boca Raton, FL 33487	·
			□ Add
			□Remove
		 	🌠 Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 (statutory filing requirements, this date will not be listed as t
13.01 and the matter of the The Oost day of the
t 12:01 a.m. on the earlier of: (b) The 90th day after the
l S