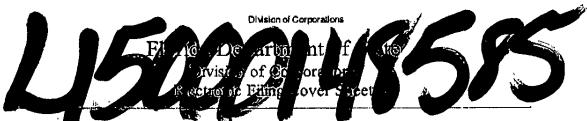
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Note: Frease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|---|---|--|------------|---------------|
| To: | Division of Cor Fax Number | _ | ASSEE, FLE | |
| From: | Account Name Account Number Phone Fax Number | : PERLMAN, BAJ : I20040000167 : (305)377-080 : (305)377-078 | 9 | ALERIGHT P.L. |

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

Email Address: amayor@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 181 ISLAND, LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
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****ARTICLES OF AMENDMENT** OT ARTICLES OF ORGANIZATION OF

| 181 ISLAND, LLC | |
|--|---|
| (Name of the Limited Liability Company 2s it now: (A Florida Limited Liability Com) | nnears on our records.) pany) |
| The Articles of Organization for this Limited Liability Company were filed | on 09/03/2015 and assigned |
| Florida document number L15000148585 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compa | ny here: |
| The 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: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | . |
| Enter new mailing address, if applicable: | 2015 ALLA |
| (Mailing address MAY BE A POST OFFICE BOX) | in a |
| | <u> </u> |
| B. If amending the registered agent and/or registered office addre | es an our records entiry the forms of the new |
| registered agent and/or the new registered office address here: | ORAL III |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| . Est | er Florida street oddress |
| . City | , Florida |
| 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

Fax Audil Number: H15000263911 3

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 | PBYA Director Services, LLC | 200 South Andrews Avenue | Add |
| | | Suite 600 | ■ Reinoye |
| | | Fort. Lauderdale, FL 33301 | ☐ Change |
| MGR | Venture Estates Investments, LLC | 1450 Brickell Avenue | = Add |
| | | Suite 2520 | Remove |
| | | Minmi, FL 33134 | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | A CC C C C C C C C C C C C C C C C C C |
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| E. Effective (If an effect Note: If documen | e date, if other than tive date is listed, the date the date inserted in thi n's effective date on th | the date of fi must be specific is block does n be Department | ling: and cannot b of meet the of State's re | e prior to date applicable s scords. | of filing or mor tatutory filing | e than 90 days requirements | ptional) after filing.) Po , this date wil | arsuant to | 605.0201 listed as |
| | rd specifies a dela Oth day after the | | | ut not an | effective tir | ne, at 12:(|)1 a.m. on | the ea | rlier o |
| Dated No | ovember 4 | | 2015 | <i>7</i> : | | | | | |
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