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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT LEE SHAPIRO, P.A.

Account Number : I19990000101

Phone : (561)691-0059

Fax Number

: (561)691-0066

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

Email Address: ecolton@rlshapirolaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **432 MARINER LLC**

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Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(((H16000052912	3)))

432 MARINER LLC					
(Name of the Limited Liability (A Florida L	Company as it now annears on imited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Con Florida document number L15000174340	mpany were filed on $\frac{10/13/2}{1}$.	2015	6	ind assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or th	abbrevia	tion "L.L	.¢."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u> </u>		राह्य		
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			A FEE	AR.	9 9
Enter new mailing address, if applicable:			100 m		
(Mailing address MAY BE A POST OFFICE BOX)			7.0	<u></u>	,
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			RID	N	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r records, <u>ent</u>		swe o	f the ne
Name of New Registered Agent:			- ,	. 	
New Registered Office Address:					
	Enter Florida sti	reet address			
		, Florida			
	City		Zip	Code	
New Registered Agent's Signature, if changing Registered A	lgent:				

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

Page 1 of 3

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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 = 1	Manager Authorized Member		(((H16000052912 3)))
Title	Name	Address	Type of Action
MGR	Robert L. Shapiro	2401 PGA Bivd.	D Add
		Palm Beach Gardens, FL 33410	■ Remove
			Change
MGR	Stuert E. Karu	432 Mariner Drive	B Add
		Jupiter, FL 33477	□ Remove
			□ Change
			D Add
			☐ Remove
	·		ALC D'Change ALC D'Change ALC D'Change ALC D'Change ALC D'Change
			☐ Çhange
			□ Remove
			Change
			□ Remove
			Change.

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. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary	v.) (((H16000052912 3
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Note: If	e date, if other than the date of filing:	Pursuant to 605.0207 (3)(b) will not be listed as the
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	ear. Zer	AR TI
Dated _	•	1 James
	freat for	
	Signature of a member or authorized representative of a member	8: 2
	Stuart E. Karu	i an

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