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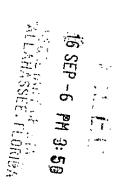
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COVER LETTER

то:	Registration S Division of Co			
SUBJE	BISC.	AYNE PARK DEVELOPMEN	VT, LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ALBERT BENALLOU	N, MANAGER	
			Name of Person	
		BISCAYNE PARK DE	VELOPMENT, LLC	
			Firm/Company	
		777 W 41st STREET, S	UITE 207	
			Address	
		MIAMI BEACH, FLOR	RIDA 33140	
			City/State and Zip Code	
		albert@transamericandeve	=	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please ca	all:	
Silvia	Horvath		305 673-4999	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.0	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:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BISCAYNE PARK DEVELOPMENT, LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now app mited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Con	npany were filed on	October 23, 2015	and assigned
Florida document numberL15000180812			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
		 _	
			SE SE
Enter new mailing address, if applicable:	<u> </u>		\$32
(Mailing address MAY BE A POST OFFICE BOX)			
			- A
			6
B. If amending the registered agent and/or registered agent and/or the new registered office address		on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	City		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

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	HERNAN GLEIZER	18246 COLLINS AVENUE	
		SUNNY ISLES BCH, FL 11360	■ Remove
			Change
MGR	JORGE GLEIZER	18246 COLLINS AVENUE	■ Add
		SUNNY ISLES BCH, FL 33160	Remove
			☐ Change
			□ Remove
			Change
		<u> </u>	□ Afdd □ Remove
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			Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90	(optional)	ant to 605 02
lote: If the date inserted in this block does not meet the applical	ble statutory filing requirem	ents, this date will no	ot be listed
ocument's effective date on the Department of State's records.			
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e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at .	12:01 a.m. on th	е еаптег
ated 2016	_•		
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Signature of a member or author	irad representative of a month	3r	

Page 3 of 3

Filing Fee: \$25.00