L15000183603

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	<u></u>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Division of Cor		ाड़- ज	•
	Realty, LLC		
SUBJECT:	Name of Lim	ited Liability Company	.
	Amendment and fee(s) are sub	_	
	Jeanine Nardone		
		Name of Person	
	North Bay US Capital Ma	nagement LLC	
		Firm/Company	
	500 W. Cypress Creek Rd	. Suite 770	
		Address	
	Fort Lauderdale, Fl 33309		
		City/State and Zip Code	
	jenny@fortpartners.com E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Jeanine Nardone		561 827-3197	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

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 6 ARTICLES OF ORGANIZATION OF

Surf Club Realty, LLC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Company)	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	1 on 10/29/2015 and assigned
Florida document number L15000183603	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y." the designation "L.L.C" 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:	
(Mailing address MAY BE A POST OFFICE BOX)	3 3
	<u> </u>
	CONTRACTOR OF THE PROPERTY OF
B. If amending the registered agent and/or registered office addr	
registered agent and/or the new registered office address here:	Es R
	F 5 72
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	A Commence of the Commence of
	nter Florida street address
	, Florida
City	Zin 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>	<u>Address</u>	Type of Action
MGR	Wendy Mendoza	815 NE 70th Street	
		Miami, Florida 33138	☐ Remove
			☐ Change
			Add
			Remove
			□ Change
			_ □ Add
			□ Remove
	·		□ Change
			Add Add Assistance Remaye
			Property Control of the control of t
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			Remove
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					FERRIBA	25.
					AIDA AIDA	90
If an effective da Note: If the da	e, if other than the date the is listed, the date must be sp ate inserted in this block do fective date on the Departn	ecific and cannot be oes not meet the a	prior to date of filing pplicable statutory	g or more than 90 days a	ptional) fler filing.) Pursuant to this date will not be	605.0207 listed as
	pecifies a delayed effe day after the record is		t not an effecti	ive time, at 12:0	1 a.m. on the ea	arlier of
	nber 16th, 2015	Lie Li	*			
Dated		المرسوء	<i>.</i>			
Dated Novem	- Grigna		authorized represen	tative of a member		-

Page 3 of 3

Filing Fee: \$25.00