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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P. A

Account Number : I20010000025 Phone : (786)899-2235 : (305)935-9042 Fax Number

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

13-4 - 4 T	Address:			
	ACCITEDS.			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAVINIA PORT ST. LUCIE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAVINIA PORT ST. LUCIE, LLC (Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000076991</u> .	were filed on April 19, 2016	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab		2021 SEC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	ne abbreviation L.C.				
Enter new principal offices address, if applicable:	15481 S.W. 12th Street, Suite 309	N				
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, Fl. 33326					
Enter new mailing address, if applicable:	c/o Grandview Property Partners, LLC					
(Mailing address MAY BE A POST OFFICE BOX)	1 East Putnam Avenue, Third Floor					
	Greenwich, CT 06830: Attn: Raj Menon					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered				
New Registered Office Address:	Enter Florida street address					
	, Florida					
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr						

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>	Name	Address	Type of Action
AMBR	GVP Ravinia Centerline, LLC	15481 NW 12th Street, Suite 309	= Add
		Sunrise, FL 33326	□Remove
			□ Change
AMBR	Centerline Capital Advisors, LLC	15499 SW 12th St, Suite 507	□ Add
		Sunrise, FL 33326	≡ Remove
			Change
			□Remove
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record specifies a delayed effect d is filed.	tive date, but	not an effective	time, at 12:0	1 a.m. on the c	earlier of: (b) The 90)th day a	fter th
July 16		2021	·					
10								
	Signature o	of a member or au	thorized repres	entative of a me	mber			
_ ,								

Filing Fee: \$25.00