Florida Department of State Physion of Corporations Hectrodic Elling Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.(7)
Email Address:

claime.santiago@cornerstonegrp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORNERSTONE BERNWOOD TRACE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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C. BRUMBLEY

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Corporate Filing Menu 0 2021

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CORNERSTONE BERNWOOD TRACE, LLC | <u> </u> | |
|---|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on ou ability Company) | r records.) |
| The Articles of Organization for this Limited Liability Company v | les of Organization for this Limited Liability Company were filed on October 21, 2016 and assigned ocument number L16000194545 | |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designati | on "LLC" or the abbreviation "L.U.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 7216 |
| | | <u> </u> |
| | | 9 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | , | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records | , enter the name of the new registe |
| agent and/or the new registered office address detect | | |
| Name of New Registered Agent: | | <u></u> |
| Name of New Registered Agens. | | |
| New Registered Office Address: | Enter Florida stre | et address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my di provided for in Chapte | ities, and I am familiar with and er 605, F.S. Or, if this document is |

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 | Jorge Lopez | 2100 Hollywood Blvd. | |
| | | Hollywood, FL 33032 | ■Remove |
| | • | | □ Change |
| AMBR | Cornerstone Properties, Ltd. | 2100 Hollywood Blvd. | ≣Add |
| | | Hollywood, FL 33032 | □Remove |
| | | | Change |
| AMBR | Cornerstone Bernwood Trace, Inc. | 2100 Hollywood Blvd. | |
| | | Hollywood, FL 33032 | □Remove |
| | | | Change |
| | | | □ Add |
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| ective date, if other than the effective date is listed, the date in ee. If the date inserted in this lument's effective date on the l | ast be specific and block does not r | d cunnot be prior to neet the applica | o date of filing or rible statutory filin | (opti nore than 90 days after ag requirements, th | r liling.) Pursuant to 605. | .020 ed a |
| cord specifies a delayed effect s filed. | ve date, but not | t an effective tir | ne, at 12:01 a.m. | on the earlier of: (| b) The 90th day after | r th |
| December 9 | | 2021 | | | | |
| ed | 0 | n ho | <u>.</u> . | | | |
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