Division of Corporations Electronic Filing Cover Sheet

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To:

pivision of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF &

Account Number : 120060000135 : (305)789-3200 Phone : (305)789-4137 Fax Number

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

jinxi@lincolnavecap.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CABANA CLUB DEVELOPER LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CABANA CLUB DEVELOPER LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/02/2017}{2}$ and assigned Florida document number _____L17000046487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address bere: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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

Title	<u>Name</u>	Address ·	Type of Action
MGR	Jeremy Bronfman	401 Wilshire Blvd., Suite 1070	BAdd
		Santa Monica, CA 90401	□ Remove
			Change
MGR	Lincoln Avenue Capital LLC	401 Wilshire Blvd., Suite 1070	
		Santa Monica, CA 90401	Remove
·			2021 DChanger
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			mc -
			□Removen
			□Remove
			Change
			DAdd
			□Remove
			CChange
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		•	□Remove
			□Change

The Company shall be manager-man							_
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401 Wilshire Blvd., Suite 1070, San	ta Monica, CA 90)401.					
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Filing Fee: \$25.00