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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107 Pax Number : (561)694-1639

Email Address:

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FOUNTAIN VIEW CIRCLE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fountain View Circle LLC				
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number £17000126283	Company were filed on 06/0	19/2017 a	nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited liability company her	<b>e:</b>		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the des	ignation "LLC" or the abbreviate	ion "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)		~	
			013	
		7 in		
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
		. •	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on o dress here:	our records, enter the n	amé of the new	
Name of New Registered Agent:	·			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip (	Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and o accept the obligations of my position as registered a being filed to merely reflect a change in the register, company has been notified in writing of this change.	complete performance of my gent as provided for in Cha ed office address, I hereby	y duties, and I am familia anter 605 FS Or if this	r with and document is	
	If Chunging Registered Agent	, Signature of New Registered	Agent	

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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	Name	Address	Type of Action
AMBR	Cardone Laguna Member, LLC	10000	
			Remove
MGR	Grant Cardone		
		18909 NE 29th Ave Aventura, FL 33180	■ Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D			(optional) days after filing.) Pursuant to ents, this date will not be	605 0207 (3)) listed as the
the record specifies a delayed The 90th day after the rec	l effective date, but no ord is filed.	t an effective time, at 1	l.2:01 a.m. on the ea	rlier of:
Dated July 10	2019			
Mis		orized representative of a member		-
	STEARING OF BIRCHMORE OF SMITH	macu representative of 6 member	•	

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