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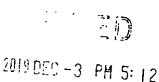
TO:

Registration Section

Division of Cor	rporations				
	Hammock 3 LLC	**			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Debbie Terzian				
	Name of Person				
	Hardwood Hammock 3 LI	FLimited Liability Company e submitted for filing. atter to the following: Name of Person 3 LLC Firm/Company re Address City/State and Zip Code om ess: (to be used for future annual report notification) ase call: at (Area Code) Daytime Telephone Number Store Certified Copy (additional copy is enclosed) Street Address: Registration Section			
	Firm/Company				
	31 Angelfish Cay Drive				
		Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: bie Terzian Name of Person Firm/Company ngelfish Cay Drive Address Largo, FL 33037 City/State and Zip Code an@terzianlaw.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (Area Code) Daytime Telephone Number fing amount: 0.00 Filing Fee & Certificate of Status & Certificate of Status & Certificed Copy (additional copy is enclosed) Street Address: Registration Section			
	Key Largo, FL 33037				
		City/State and Zip Code			
	dterzian@terzianlaw.com				
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	concerning this matter, please c				
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Centified Copy	Certificate of Status & Certified Copy		
Mailing Address Registration Division of C	Section	Registration Se			
P.O. Box 632 Tallahassee,		The Centre of			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hardwood Hammock 3 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 $\frac{2/16/2018}{}$ ____ and assigned Florida document number __L18000042744 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 "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) 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 here: 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.

Citv

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
AMBR	Jennifer Goldstein	1203 Asturia Avenue	
		Coral Gables, FL 33134	□Remove
			□Change
AMBR	Greg Goldstein	1203 Asturia Avenue	
		Coral Gables, FL 33134	□Remove
			□Add
			□Remove
		□Change	
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Defective date on the Defective date.	t be specific and cannot be pri ock does not meet the app	for to date of filing or mon licable statutory filing	optional) e than 90 days after filing.) Pur requirements, this date will	suant to 605,0207 (not be listed as t
ne record specifies a delayed The 90th day after the reco		not an effective tin	ne, at 12:01 a.m. on	the earlier of:
December 1 Dated	2019	<u></u> .		
	Mie Yez			
	Mee Yle 2 Signature of a member or fu	thorized representative of	f a member	

Page 3 of 3

Filing Fee: \$25.00