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March 23, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SLS 2001, LLC 1425 ERICKELL AVE #43 F MIAMI, FL 33131US

SUBJECT: SLS 2001, LLC REF: L18000045465

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P.O BOX 6327 - Tallahassee, Florida 32314

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## ARTICLES OF AMENOMENT TO ARTICLES OF ORGANIZATION

**OF** 

SLS 2001, 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 02/19/2018 and assign Florida document number <u>L18000</u>045465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Miami Brickell 2001, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 adreses 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 \_ City

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

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the fitte, ...me, and address of each Manager or Authorized Member being added or removed from our records:

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D. If amending any other informat.	enter change(s) here: (Attach additional	
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