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(((H190001585503)))



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To:

Division of Corporations

Fax Number : (850

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From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON

Account Number : 076376001555 Phone : (803)255-9617 Fax Number : (561)483-7321

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

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MERGER OR SHARE EXCHANGE Altis Miramar East Manager, LLC

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Fax Audit No H190001585503



The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	<u>Jurisdiction</u>	Horm/Entity Type
ALTIS MIRAMAR EAST, LLC	FLORIDA	LLC
ALTIS MIRAMAR WEST, LLC	FLORIDA	I.LC
ALTIS MIRAMAR EAST MANAGER, LLC	FLORIDA	LLC
ALTIS MIRAMAR WEST MANAGER, LLC	FLORIDA	rrc
		

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name	<u>Jurisdiction</u>	Form/Entity Type
ALTIS MIRAMAR EAST MANAGER, LLC	FLORIDA	LLC
		

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).



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FOUR	TH; Please check one of the bo	xes that apply to	o surviving entit	y: (if applicable)				
2	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.							
a	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.							
□	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.							
0	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:							
						- -		
	l: This entity agrees to pay any n 1006 and 605.1061-605.1072, F.		ppraisal rights the	amount, to which m	embers are entitled	under		
SIXTH days af	(: If other than the date of filing, ter the date this document is filed	, the delayed eff I by the Florida	ective date of the Department of S	e merger, which canr state:	not be prior to nor me	ore than 90		
Note: as the d	If the date inserted in this block of locument's effective date on the	does not meet th Department of S	ie applicable stat State's records,	utory filing requirem	ents, this date will n	ot be listed		
SEVE	NTH: Signature(s) for Each Part	y:			Typed or Printed			
Name (of Entity/Organization:	تهنز	vature)s):		me of Individual:			
ALTIS	MIRAMAR EAST, LLC		J= V	\mathcal{I}	TIMOTHY A, PETE	RSON		
ALTIS	MIRAMAR WEST, LLC		A B		TIMOTHY A. PETE	RSON		
ALTIS	MIRAMAR EAST MANAGER, LI	LC S	1	(PA)	TIMOTHY A. PETE	RSON		
ALTIS	MIRAMAR WEST MANAGER, L	LC <	1	FA	TIMOTHY A. PETE	RSON		
Corpor	ations:			sident or Officer ture of incorporator.)	ı			
	General partnerships: Signature of a general partner or authorized person							
	rida Limited Partnerships: Signatures of all general partners I-Florida Limited Partnerships: Signature of a general partner							
	orida Limited Partnerships: I Liability Companies:	Signature of ar	authorized pers	son				
Fees:	For each Limited Liability Com	pany:	\$25.00	For each Corporation		\$35.00		
	For each Limited Partnership:		\$52.50	For each General P	artnership:	\$25.00		
	For each Other Business Entity:		\$25.00	Certified Copy (o)	<u>otional)</u> :	\$30.00		