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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SIMON & SIGALOS, LLP

Account Number : I19990000176 Phone : (561)447-0017 Fax Number : (561)447-0018

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

MSIMON Q SIMON SIGALOS: COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIG **BAY HARBOR 705, LLC**

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7 Contraction

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bay Harbor 705, LLC | | i | | |
|---|--|---|--|--|
| (Name of the Limited I | lability Company as it now appears on our recilorida Limited Liability Company) | orda.) | | |
| The Articles of Organization for this Limited Liab | lity Company were filed on 07/24/2018 | and assigned | | |
| Florida document number L18000173100 | ···· | 103 | | |
| This amendment is submitted to amend the following | ng: | Print I | | |
| A. If amending name, enter the new name of the | limited liability company here: | # 50 E | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "L | 2.45 | | |
| Enter new principal offices address, if applicable | e: | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | ₩ . H | | |
| | · | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO) | <u> </u> | i | | |
| | | • | | |
| B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent: | tered office address on our records, <u>entere</u> : | er the name of the new register | | |
| New Registered Office Address: | | | | |
| | Enter Florida street addi | est : | | |
| _ | | , Florida | | |
| _ | City | · Zip Code | | |
| New Registered Agent's Signature, if changing Regis | tered Agent: | į | | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char | nd complete performance of my duties, and agent as provided for the Chapter 605 Stered office address, I hereby confirm t | and I am familiar with and F.S. Or, if this document is | | |
| | If Changing 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 or removed from our reporter. | , |
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| or removed from our records: | |
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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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