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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000010
Phone : (561) 832-3300
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****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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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEACHFRONT BOCA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED
2019 NOV 13 P 3:06
MILWAUKEE, WI

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

BEACHFRONT BOCA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

13 P 3-86

The Articles of Organization for this Limited Liability Company were filed on February 19, 2019 and assigned
Florida document number L19000049516

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

550 SOUTH OCEAN DRIVE, UNIT 1808

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

550 SOUTH OCEAN DRIVE, UNIT 1808

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33432

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

City, *Florida* *Zip Code*

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

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>	<u>Type of Action</u>
MGR	GERALD BARAD	550 SOUTH OCEAN DRIVE UNIT 1808 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

New Article IV is added as follows:

ARTICLE IV

The Limited Liability Company shall be manager-managed. The name and address of the initial manager

is:

GERALD BARAD

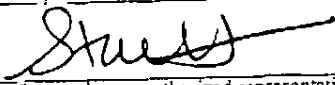
550 SOUTH OCEAN DRIVE, UNIT 1808

BOCA RATON, FL 33432

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____ November 13, 2019



Signature of a member or authorized representative of a member

Stacey Halpern

Typed or printed name of signer