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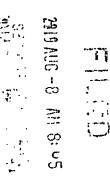
(Requestor's Name)
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COVER LETTER

	egistration Se vision of Cor				
eun ir er		lborne LLC			
SUBJECT	:		ited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Ken Carlson			
			Name of Person		
		West Shelborne Holdings	LLC		
Firm/Company					
		2550 Pacific Ave, Suite 16	500		
			Address	1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	
		Dallas, Texas 75226			
			City/State and Zip Code		
		Bethany.Shay@westdale.co			
		E-mail address: (to be used for future annual report notif	ication)	
For further	information co	oncerning this matter, please ca	all:		
Bethany Sl	nay		at () Area Code		
	Name of	Person	Area Code Daytime	· Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAFF Shelborne LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 4/10/2019	and assigned		
Plorida document number L19000099161				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	2550 Pacific Ave. Suite 1600			
Principal office address MUST BE A STREET ADDRESS)	Dallas, Texas 75226			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	2550 Pacific Ave, Suite 1600 Dallas, Texas 75226	<u> </u>		
Making dadress MAT BE A POST OFFICE BOST				
3. If amending the registered agent and/or registered of	_	ter the stame of the		
egistered agent and/or the new registered office address her	<u>e</u> :	<u> </u>		
Name of New Registered Agent:		(a) (b)		
	41			
New Registered Office Address:	Enter Florida street address			
	, Florid:	1		
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ken Carlson	2550 Pacific Ave, Suite 1600 Dallas, Texas 75226	■ Add
			□ Remove
			□ Change
MGR	Yoni Bornstein	25 SE Second Ave, Eighth Floor Miami, FL 33131	Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
		 	Change
			Remove
			□ Change
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the reco) The 9	rd specifies a Oth day after	delayed effect the record is	tive date, bu filed.	ut not an effe	ctive time, at	12:01 a.m. on the	earlier of:
Dated A	ugust 6		2019	<u> </u>			
	//	/					
	Kt	Signatur	re of a member of	r authorized renew	sentative of a membe		- ,
	- 1 <i>Y/</i>				ative of a membe	ı	

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Filing Fee: \$25.00