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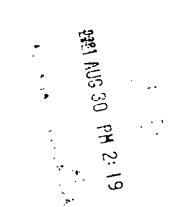
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COVER LETTER

	Registration Se Division of Cor				
0 		al Estate, LLC		•	
SUBJEC	JI:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		David R. Glickman, Esq.			
			Name of Person		
		The Markarian Group			
		-	Firm/Company		
		2925 PGA Blvd., Suite 20	1		
		· · · · · · · · · · · · · · · · · · ·	Address		
Palm Beach Gardens, Florida 33410					
			City/State and Zip Code		
		marian@ghlawyers.com			
			to be used for future annual report notific	cation)	
For furth	er information o	oncerning this matter, please c	atl;		
David R. Glickman, Esq.			561 626-4700 at ()		
•	Name o	f Person		Felephone Number	
Enclosed	l is a check for th	he 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		<u>Street Address:</u> Registration Sect	ion	
Division of Corporations			Division of Corporations The Centre of Tallahassee		
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Ta 2415 N. Monroe		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mamey Real Estate, LLC					
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on May 30, 20	19	_ and assign	ed
Florida document number L19000143852	 ·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L,L,C	
Enter new principal offices address, if applicab	le:	3500 SW 9 Terrace			
(Principal office address MUST BE A STREET.	ADDRESS)	#1B			
		Miami, Florida 33135	· .	<u>G</u>	
Enter new mailing address, if applicable:		1172 S Dixie Highway	<u>σ</u>	106 30	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	#627		. P	: 1
		Coral Gables, Florida 33	146	2:	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office :	address on our records,	enter the name o	f the new re	egistere
Name of New Registered Agent:	Marian L. Hast	y. Esq.			
New Registered Office Address:	55 Merrick Wa	y. Suite 400		<u> </u>	
		Enter Florida street	address		
	Coral Gables		Florida <u>33134</u>		
		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.

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ecker Family Trust 1	55 Merrick Way	≣ Add
		Suite 400	□Remove
		Coral Gables, Florida 33134	□Change
AMBR	Ecker Family Trust 2	55 Merrick Way	■Add
		Suite 400	□Remove
		Coral Gables, Florida 33134	□Change
MGR	Sylvia Victoria Valdes Revocable Trust	431 Zamora Avenue	□Add
		Coral Gables, Florida 33134	Remove
			∭. □Ghange
MGR	Sylvia Valdes	431 Zamora Avenue	□ Add
		Coral Gables, Florida 33134	Remove
MGR	Carolina Ecker	100 Edgewater Drive	🗆 Add
		#107	≣Remove
		Coral Gables, Florida 33133	□Change
			□Add
			□Remove
			□ Change

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ffec	tive date, if other than the date of filing: (optional)	
	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	suant to b not be l
an el	nent's effective date on the Department of State's records.	
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Filing Fee: \$25.00

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