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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Deborah Domenech		
		Name of Person	
	YMP Real Estate Managen	nent LLC	
		Firm/Company	
	4500 N State Road 7, Suite	100	
		Address	-
	Lauderdale Lakes, FL 3331	q	
		City/State and Zip Code	
	ddomenech@ymprealestate.		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	all:	
Deborah Domenech		786 245-6996 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YMP Seaside Opco LLC

(<u>Name of the Limited L</u> (A f	Liability Company as it now Florida Limited Liability Cor	rappears on our records.) npany)	
The Articles of Organization for this Limited Liabi Florida document number L20000097450		on <u>04/06/2020</u>	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability comp	oany here:	
The new name must be distinguishable and contain the words	s "Limited Liability Compan	y," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
December 19 and March 16 and Scables			
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered office address h	istered office address o nere:	n our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:			20
New Registered Office Address:			771 (7)
Men Megistered Office Address.	F	Enter Florida street address	<u> </u>
		, Flor	ida
	City		2.1 <u>p.C</u> rate
New Registered Agent's Signature, if changing Reg			· ·
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete performered agent as provided gistered office address.	ance of my duties, and for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	Name	Address	Type of Action
MGR	YMP Seaside Holdco LLC	4500 N State Road 7, Suite 100	
·		Lauderdale Lakes, FL 33319	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
-			□Add
			Remove
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If an effective date is I Note: If the date in	other than the date isted, the date must be sp iserted in this block do be date on the Departn	ecific and cannot be ses not meet the a	ipplicable statutory	g or more than 90 day	(optional) ss after filing.) Pursuant ts, this date will not b	io 605.0207 be listed as
ne record specifies a ord is filed.	delayed effective date	, but not an effect	tive time, at 12:01	a.m. on the earlies	of: (b) The 90th day	y after the
January 25	<u> </u>	2021	·			
Dated		α	11			
Dated	/ // //	. (1/11)				
Dated	Sam M.	ture of a member o	r authorized represe	ntative of a member		_

Filing Fee: \$25.00