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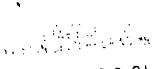
Registration Section

TO:

Division of Co	rporations				
	E SURFSIDE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Vivian Z. Dimond				
		Name of Person			
	R Palace VZD LLC				
		Firm/Company	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	2665 S. Bayshore Drive, S	uite M-102			
Address					
	Coconut Grove, FL 33133				
		City/State and Zip Code			
	viviandimond@aol.com	to be used for future annual report not	Hication)		
For further information	concerning this matter, please c		,		
Vivian Z. Dimond		305 : 856-6131			
Name	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Addre Registration		<u>Street Address:</u> Registration So	ection		
Division of 0	Corporations	Division of Co	rporations		
P.O. Box 63 Tallahassee.					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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R PALACE SURFSIDE LLC

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

The Articles of Organization for this Limited Liability Compa	any were filed on November 3, 2020	and assigned	
Florida document number L20000349278			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C,"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_	
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the</u>	name of the new registered	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off- company has been notified in writing of this change.	ete performance of my duties, and I as provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is	
	hanging Registered Agent, Signature of Ne	Desistand Vand	

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

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<u>Title</u>	<u>Name</u>	Address 21 HAY 10 P用 3: 21	Type of Action
MGR	R Palace VZD LLC	2665 S. Bayshore Drive, M-102, Miami, FL 33133	🖹 Add
			□Remove
			_ □Change
MGR	Vivian Dimond	2665 S. Bayshore Drive, M-102, Miami, FL 33133	□Add
			=Remove
			□Change
			□Add
			_ □Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the meent's effective date on the Department of State's	e applicable stat	f tiling or more than tutory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.03 will not be listed
ord specifies a delayed effective date, but not an eff filed.	ective time, at 1	2:01 a.m. on the e	arlier of: (b) The	90th day after t
d May 3 202				
Signature of a member	r or authorized re	oresentative of a me	nber	

Filing Fee: \$25.00