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COVER LETTER

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eun ie e			G OAK PARK IL, LLC	
SUBJEC	JI: _		Name of Lim	ted Liability Company
The enclo	osed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please re	eturn a	ll correspor	ndence concerning this matter	to the following:
			Gary Preston	
				Name of Person
			Gator Investmenets	
				Firm/Company
			7850 NW 146th Street, 4th	Floor
				Address
			Miami Lakes, FL 33016	
				City/State and Zip Code
			rdelatorre@gatorinv.com E-mail address: ()	o be used for future annual report notification)
For furth	ner inf	ormation co	oncerning this matter, please ca	
Gary Pre	eston			305 949-9049, Ext. 162
		Name of	Person	at () Area Code Daytime Telephone Number
Enclosed	d is a c	theck for the	e following amount:	
■ \$2 5.	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address stration S		Street Address: Registration Section
	_		orporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATOR WG OAK PARK IL, 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 Company were filed on December 10, 2020 _ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gator Miami Condos, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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>	Address	Type of Action
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Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department.	e specific and cannot be price does not meet the appl	icable statutory filing	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.020
ecord specifies a delayed effective d is filed.	ate, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) Ti	ne 90th day after th
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	gnature of a member or aut	horized representative of	f a member	
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Filing Fee: \$25.00