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To:

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Info @ Subniau firm. wm Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARENAS BEACH HOUSE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARENAS BEACH HOUSE, LLC			
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000331634</u>			
This amendment is submitted to amend the following:	SECRETARIA NG.		
A. If amending name, enter the new name of the limited liah	\$2.50 D		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.C.";		
Enter new principal offices address, if applicable:	1600 NE 1st Ave, Suite 3800 522 -		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33132		
Enter new mailing address, if applicable:	1600 NE 1st Ave, Suite 3800		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33132		
	Tice address on our records enter the name of the name		
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Swi	Switch Management, LLC	1600 NE 1st Ave, Suite	3800 ■ Add
		Miami, FL 33132	Remove
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amending any other information, enter ch	ange(s) nere: (Allach a	aaiiionai sneeis, ij nece:	ssary.)
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ective date, if other than the date of filing effective date must be specific, cannot be prior to date	;	(option	nal)
date this document is filed by the Florida Department ed August 12th	c of State)	umet be more than 90 days ar	ter
Mounist			
Marycarmen Soto	ember of authorized represen		202 7A[]
	Typed or printed name of sign	nee	Muc 1
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