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## **COVER LETTER**

TO:	Registration S Division of Co			
cumur		NEW HARTFORD LLC		
SUBJEC	JI:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase re	eturn all correspo	ondence concerning this matter	to the following:	
		RICH LOCKER		
			Name of Person	<del>-</del>
		ASKAR MANAGEMENT	r GROUP LLC	
		···	Firm/Company	
		848 IST AVE N. 300		
			Address	
		NAPLES, FL 34102		
			City/State and Zip Code	
		rlocker@askarmanagement		
For furth	er information o	e-mail address: ( concerning this matter, please c	to be used for future annual report notall:	tification)
RICH LO	OCKER		239 822-1610	
	Name o	of Person	at ()	me Telephone Number
		he following amount:		
<b>≡</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration : Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit	ty Company as it now appears on our records.) Limited Liability Company)	<del></del>
(A Florida	t Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number L21000411951	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
SOUTH BEACH CARLYLE INVESTMENT LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the na</u>	me of the new regist
agent and/or the new registered office address here:		ومنة
		· 🖳
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	P
	, Florida _	ံ ့
	City	Zip Cau

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 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
P	JON PARRISH	848 IST AVE N #300	<b>=</b> Add
		NAPLES, FL 34102	□Remove
			□Change
VP	RICH LOCKER	848 IST AVE N #300	<b>≣</b> ∧dd
		NAPLES, FL 34102	□Remove
			□Change
			∐Add
			Remove
			□Remove
		······································	□Change
	<del></del>		□Add
		<del></del>	□Remove
			Change
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