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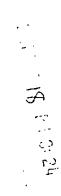
(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
	FORT LAUDERDALE LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RICH LOCKER				
		Name of Person			
	ASKAR MANAGEMENT	GROUP LLC			
		Firm/Company	·····		
	848 IST AVE N, 300				
	 	Address			
	NAPLES, FL 34102				
		City/State and Zip Code			
	rlocker@askarmanagement	- •			
		to be used for future annual report no	outication)		
For further information c	oncerning this matter, please c	all:			
RICH LOCKER		239 \$22-1610 at ()			
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres		Street Address:	Section		
Registration Section Division of Corporations		Registration S Division of C			
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D 353470 FORT LAUDERDALE LLC

company has been notified in writing of this change.

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

orida document number 1.21000432172		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
OUTH BEACH MONDRIAN INVESTMENT LLC		
new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
ter new principal offices address, if applicable:		-
rincipal office address MUST BE A STREET ADDRESS	2	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
		()
If amending the registered agent and/or registered offi	ce address on our records, <u>enter the</u> na	ime of the new registe
ent and/or the new registered office address here:		·.`\
		.م
Name of New Registered Agent:		
New Registered Office Address:		ė,
	Enter Florida street address	
	Florida	Zip Code
	City	Zip Code
w Registered Agent's Signature, if changing Registered Age	ent:	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	JON PARRISH	848 IST AVE N #300	■ Add
		NAPLES, FL 34102	□Remove
			□ Change
VP	RICH LOCKER	848 IST AVE N #300	= Add
		NAPLES, FL 34102	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□ Add
			□Change
			□Add
			□Remove
			□ Change

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ffective date, if other than an effective date is listed, the date inserted in the ocument's effective date on the	must be specific at s block does not	nd cannot be prion meet the appl	icable statutory	or more than 90 days		
record specifies a delayed effo I is filed.	ective date, but no	ot an effective	time, at 12:01 :	a.m. on the earlier ϵ	f: (b) The 90th day a	after the
OCTOBER 15		2021	/2			
	Ma	I A				
	Signature of a	i member or aut	horized represent	tative of a member		-

Typed or printed name of signee