

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L220000145077

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000145076 3)))



H220001450763ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

2022 APR 21 PM 3:18

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NBV MAJESTIC ISLES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 APR 21 PM 2:12

APPROVED
AND
FILED

H22000145076 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NEV MAJESTIC ISLES 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 January 7, 2022 and assigned
Florida document number L22000006877

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

3340 NB 190TH STREETAPT. 1305AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3340 NB 190TH STREETAPT. 1305AVENTURA, FL 33180

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:

JOANNA SMITH

New Registered Office Address:

AVENTURA, FL 33180, APT. 1305

Enter Florida street address

AVENTURA

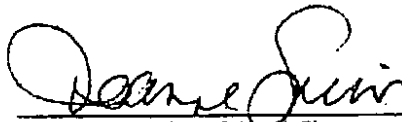
City

Florida 33180

Zip Code

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

APPROVED
AND
FILED

2022 APR 21 PM 2:12

1122000145076 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	WEISS SEROTA HELPMAN COI	2525 PONCE DE LEON BLVD STE 700	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERNANDEZ, JOSEPH.	2525 PONCE DE LEON BLVD STE 700	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CO-MGR	HARRY MACKLOWE	MACKLOWE PROPERTIES	<input checked="" type="checkbox"/> Add
		400 PARK AVENUE	<input type="checkbox"/> Remove
		NEW YORK, NY 10022	<input type="checkbox"/> Change
CO-MGR	LAURA TAUBER	MACKLOWE PROPERTIES	<input checked="" type="checkbox"/> Add
		400 PARK AVENUE	<input type="checkbox"/> Remove
		NEW YORK, NY 10022	<input type="checkbox"/> Change
AUTHORIZED SIGNATORY	ELLEE KIM	MACKLOWE PROPERTIES	<input checked="" type="checkbox"/> Add
		400 PARK AVENUE	<input type="checkbox"/> Remove
		NEW YORK, NY 10022	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 21 2022

Signature of a member or authorized representative of a member

ELLEE KIM

Typed or printed name of signee

H22000145076 3