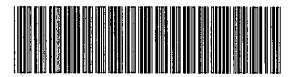
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COVER LETTER

Division of Corporations BEACHWALK 2303 HALLANDALE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JAVIER CARDENAS Name of Person JC CONSULTING GROUP LLC Firm/Company 2800 GLADES CIRCLE SUITE 163 Address BOCA RATON, FL 33327 City/State and Zip Code jeardenas@jeconsultingroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____) ___ Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BEACHWALK 2303 HALLANDALE LLC

2022 JUN -7 PH 12: 10

(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears of Liability Company)	n onyrecords.)	RY SEE FILE ASSEE FILE
The Articles of Organization for this Limited Liability Compan Florida document number 1.22000086430	y were filed on		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or	the abbreviation "L.L.C."
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 reco	ords, <u>enter the</u>	name of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florido	i street address	
		Floric	da
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of m provided for in Ch	y duties, and l apter 605, F.S	l am familiar with and S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	RAFAEL C. AROSEMENA	1658 S OCEAN LN UNIT146	
		FORT LAUDERDALE, FL 33316	□Remove
			□Change
MGR	LONGVIEW BUSINESS INVESTMENT S.A.	1658 S OCEAN LN UNIT146	_______\Add
		FORT LAUDERDALE, FL 33316	
			ERCHIOVE
			□ Change
		<u> </u>	
			□Remove
			□Change
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Effective date, if other the first of the fi	ne date must be specific and	d cannot be prior to date meet the applicable st	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Pur nents, this date will	rsuant to 605,0207 (I not be listed as t
document 5 effective date	d affective date, but no	t an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90	Oth day after the
the record specifies a delayer ord is filed.	d effective date, but no				
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