

MI8000002881

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H18000158064 3)))



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

From: Account Name : BROAD AND CASSEL (BOCA RATON)
 Account Number : 0763760Q1555
 Phone : (561) 489-7000
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

Email Address: tpeterson@altmancos.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTIS LUDLAM - MIAMI CAPITAL, LLC

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DIVISION OF CORPORATIONS

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MAY 23 2018

Fax Audit No. H18000158064 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ALTIS LUDLAM - MIAMI CAPITAL, LLC

Enter new principal office address, if applicable: 1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432
(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000002881

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 23, 2018

SECTION II (5-9 complete only the applicable changes)

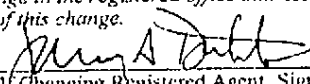
5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on the records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BCRA, LLC
New Registered Office Address: 7777 GLADES ROAD, SUITE 300
Enter Florida Street Address
BOCA RATON, Florida 33434
City 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.


1. Changing Registered Agent, Signature of New Registered Agent

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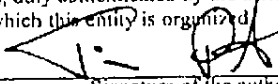
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THE CAPORAL GROUP, LLC	1401 BRICKELL AVENUE, SUITE 530	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	ALTIS LUDLAM - MIAMI INVESTOR, LLC	1515 S. FEDERAL HIGHWAY, SUITE 300	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 COUNTY OF MIAMI
 FALLS BOUNDARY
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

TIMOTHY A. PETERSON

Typed or printed name of signer

Filing Fee: \$25.00