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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ESJ MGT R	iverwalk, INC
DOCUMENT NUMBER: P15000065251	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Arnaud Sitbon	
	Name of Contact Person
ESJ MGT Riverwalk INC	
	Firm/ Company
19950 W. Country Club Dr	rive
	Address
Aventura, FL 33180	
	City/ State and Zip Code
as@esj.us	
E-mail address: (to be	used for future annual report notification)
	·
For further information concerning this matter, ple	ease call:
Inga Miller	at (305) 600-5001
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	as currently fi	led with the Florida	Dept. of State)	
P15000065251				
(Document	Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida States and Incorporation:	atutes, this Flo	rida Profit Corporati	ion adopts the follow	ving amendment(
A. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	'Inc." or "Co"	'. A professional co		abbreviation
B. Enter new principal office address, if applicable:	<u>-</u>			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)		2	
	-		54 g.	To the same
	-			(
C. Enter new mailing address, if applicable:			ن م	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-			
	_			- T
				\$ P
	-			<u>. </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		in Florida, enter the	e name of the	
				
Name of New Registered Agent				
	/#T 11			<u>—</u>
	(Florida street o	uidress)		
New Registered Office Address:	400		, Florida	
	(Cit	<i>y)</i>	{2	ip Code)
New Registered Agent's Signature, if changing Registe	red Agent:			
hereby accept the appointment as registered agent. I am		and accept the oblig	ations of the positio	n.
	CH. D.	stered Agent if chang	,	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	þ	Gabriel Amiel	19950 W. Country Club Dr.
Add			Suite 800
X Remove			Aventura, FL 33180
2) Change	VP	Arnaud Sitbon	19950 W. Country Club Dr.
Add			Suite 800
X Remove			Aventura, FL 33180
3) Change	P	Arnaud Sitbon	19950 W. Country Club Dr.
X Add		_	Suite 800
Remove			Aventura, FL 33180
4) Change	VP	Elic Mimoun	19950 W. Country Club Dr.
X Add			Suite 800
Remove			Aventura, FL 33180
5) Change		_	
Add			****
Remove			
6) Change		<u> </u>	
Add			
Damaya			

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<u></u>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
BLOVISIONS FOR HUDGERGRANK HIC AME	
(if not applicable, indicate N/A)	

	March 15, 2018	
The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	mee comme
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were sa	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
March 20, Dated	2018	
Signature		
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court officer by that fiduciary)	_
	Arnaud Sitbon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	