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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Mazel at 195th Str	reet, Inc.	
DOCUMENT NUMI	P93000081096		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jeremy S. Larkin		
		Name of Contact Perso	n
	NAI Miami		
		Firm/ Company	
	9655 South Dixie Highway,		
		Address	
	Miami, FL 33156		
		City/ State and Zip Cod	e
ilarki	n@naimiami.com		
	•	sed for future annual report	natification
For further informatio	n concerning this matter, pleas	·	,
Eli S. Berens		305	343-0717
Name of Contact Person		at (305) 343-0717 Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Alphabe di oni .

Articles of Amendment to Articles of Incorporation of

Mazel at 195th Street, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P93000081096 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Jeremy S. Larkin	9655 South Dixie Highway
XAdd			Suite #300
Remove			Miami, FL 33156
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if necessor	Articles, enter change	ge(s) here:		
	iry). (Be specific)			
N/A				·
				
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F. If an amendment provides for an	avahanga raslarsifis	ention or concelled	tion of icanad shows	
provisions for implementing the	amendment if not co	ntained in the am	endment itself:	7
(if not applicable, indicate N	'A')			
N/A				
- "	- ***			
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	7			

	June 1, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Notes de la completa del completa del completa de la completa del la completa de la completa della del	A	
Effective date if applicable:	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing redepartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast fulficient for approval.	for the amendment(s)
	oproved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for approve	al
by	(voting group)	"·
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action	and shareholder
July 9, 20 Dated	018	
Signature	Eli S Berens, P.	
selec	director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, to nted fiduciary by that fiduciary)	
	Eli S. Berens	
	(Typed or printed name of person signing	y)
	President	
	(Title of person signing)	