

# 11400020515

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H18000208158 3)))



H180002081583ABC0

**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 : RITTER, ZARETSKY, LIEBER & JAIME, LLP  
Account Number : 120010000015  
Phone : (305)372-0933  
Fax Number : (305)704-8111

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

Email Address: Vivian@r2llaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEACH HILL CAPITAL PARTNERS DANIA BEACH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

REC'D  
2018 JUL 18 PM 3:04  
ALBANY

7/19/18 DS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACH HILL CAPITAL PARTNERS DANIA BEACH, 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 02/05/2014 and assigned Florida document number L14000020515

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)

3211 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL. 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3211 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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	GAVRIEL NAIM	2915 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 300 MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL ROTENBERG	2915 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 300 MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES H. BENSON	1665 WASHINGTON AVENUE	<input checked="" type="checkbox"/> Add
		2ND FLOOR	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Change
MGR	DANIEL TRIPPAR	3211 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		SUITE 305	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	ERNESTO TOBAL	3211 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		SUITE 305	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<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.)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

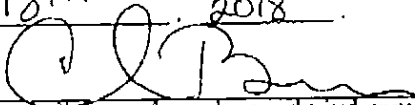
---

---

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated July 18th 2018



Signature of a member or authorized representative of a member

Charles H. Benson

Typed or printed name of signee