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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Phone

Account Number : 720030000043 : (800)342-9856

Fax Number

s (800)354-3381

MRG (2008-D) HALLENDALE, LLC

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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Electronic Filing Menu

Corporate Filing Menu

Help

S. HAWKES NOV 2 4 2008

EXAMINER

MDO (0000 DUINLENDALE LLO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MRG (2008-D) HALLENDALE, LLC | | | | | |
|--|--|--|--|--|--|
| (Name of the Limited Li | ability Company as it now appears on our records. |) | | | |
| (A P | lorids Limited Liability Company) | | | | |
| The Articles of Organization for this Limited Liab | oility Company were filed on NOV. 19, 2008 | and assigned | | | |
| Florida document number L08000107552 | | The state of the s | | | |
| | | 2 I | | | |
| | | 6 | | | |
| This amendment is submitted to amend the follow | | | | | |
| | | ့် ထ | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| | | ₩ 2 | | | |
| The new name must be distinguishable and end with to "L.L.C." | the words "Limited Liability Company," the designation | on "LLC" or the abbreviation | | | |
| Enter new principal offices address, if applicab | ole: | | | | |
| (Principal office address MUST BE A STREET. | ADDRESS) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BO | OX) | | | | |
| 4 | | | | | |
| | | | | | |
| | | | | | |
| | registered office address on our records, en | ter the name of the new | | | |
| registered agent and/or the new registered office | ce address here: | | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| name of new Registered Agent. | | | | | |
| New Registered Office Address: | • | | | | |
| (Enter Florida street address) | | | | | |
| (Service: 7 - 4 - mon an and and and and and and and and and | | | | | |
| | , Florid | | | | |
| | (City) | (Zip Code) | | | |
| • | | | | | |

New Rogistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name Address

| Title | <u>Name</u> | • | Address | Type of Action |
|-------------|------------------------|--|---|-----------------|
| MGRM | STUART M. STEINE | BERG | 401 BROADHOLLOW ROAD MELVILLE, NY. 11747 | n Add Remove |
| | | · · | MELVILLE, NY 11741 | Kemove |
| MRGM | GENNARO SBARR | 0 | 401 BROADHOLLOW ROAD MELVILLE, NY 11747 | Add Remove |
| | | | WELVILLE, JVJ 11/47 | Remove |
| | | | 's | A AGE |
| | | | | Remove |
| | | | | Add # |
| | • | | | ☐ Remove ♀ — |
| | | <u>. </u> | | Add |
| | | | | Kelilove |
| | | | | Add |
| | | • | | Remove |
| D. If amend | ing any other informat | tion, enter change | (s) here: (Attach additional sheets, if necessary), | |
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| Dated NOVE | MBER 21 | , 2008 | 7 - C 2 (2) | |
| | <u> </u> | (is | CUIVE Z MEMO | · |
| | _ | | | |
| | KATH | Typed o | LL, REPRESENTATIVE or printed name of signee | |