

U3 000157385

Division of Corporations

Page 1 of 1

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.

((H13000279560 3)))



H130002795603ABCO

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 : NPA1 SERVICES, LLC  
Account Number : 120080000104  
Phone : (302) 674-4039  
Fax Number : (302) 674-5266

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

Email Address: dkruzel@ngelaw.com

FILED  
2013 DEC 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
13 DEC 20 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LEVAN PARTNERS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEC 23 2013  
T CLINE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Levan Partners 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 11/7/2013 and assigned Florida document number L13000157385.

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 end with 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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

2013 DEC 20 11:14 PM  
FILED

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

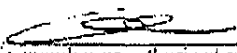
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Susana C. Levan	401 East Las Olas Blvd., Suite 800	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input type="checkbox"/> Remove
MGR	Jarett Levan	401 East Las Olas Blvd., Suite 800	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<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

2013 DEC 20 AM 8:16  
FILED  
CLERK OF DISTRICT COURT  
Ft. Lauderdale, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 12/19 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Alan B. Levan**  
\_\_\_\_\_  
Typed or printed name of signer

2013 DEC 20 AM 8:16  
SECRETARY OF STATE  
FALL RIVER, MASSACHUSETTS

FILED