## L14000184242

(F	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1)	Business Entity Name)
(1	Document Number)
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## **COVER LETTER**

то: '	Registration Se Division of Cor			
CUD ICA		ESTORS, LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ndence concerning this matter	to the following:	
		CAVELL E WALKER		
		-	Name of Person	
		GREENSTREET PARTN	ERS, L.P.	
			Firm/Company	
		2601 S. BAYSHORE DRI	VE, 9TH FLOOR	
			Address	· · · · · · · · · · · · · · · · · · ·
		COCONUT GROVE, FL	33133	
			City/State and Zip Code	
		CWALKER@GREENSTR  E-mail address: (	EETRE.COM to be used for future annual report notifi	ication)
For furth	ner information c	oncerning this matter, please ca	·	,
CAVEL	L E. WALKER		786 464-8302	
Name of Person			Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POST INVESTORS, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)		<b></b>
The Articles of Organization for this Limited I florida document number L14000184242	Liability Company	were filed on Decemb	ber 2, 2014	and	assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
1515 LeaseCo LLC					
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	ation "LLC" or the	abbreviation	"L.L.C."
inter new principal offices address, if appli	cable:	2601 S. Bayshore Di	rive		
Principal office address MUST BE A STREET ADDRESS)		9th Floor			
	<del></del>	Coconut Grove, FL 33133			
Enter new mailing address, if applicable:		2601 S. Bayshore Drive			
Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>	Coconut Grove, FL	33133	:-	<u></u>
<ol> <li>If amending the registered agent and</li> </ol>		ffice address on ou		r the mai	ne of the n
egistered agent and/or the new registered of				r Con	M 8:1
Name of New Registered Agent: VICTOR CORI		RAL		<u>ē</u>	45
New Registered Office Address:	2601 S. BAYS	HORE DRIVE, 9TH FI	LOOR		
-		Enter Florida s	treet address	-	
	COCONUT G	ROVE	, Florida _	33133	
	<del></del>	City		Zip C	ode

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GREENSTREET	2601 S. BAYSHORE DRIVE	Add
	MANAGEMENT, INC.	9TH FLOOR	☐ Remove
		COCONUT GROVE, FL 33133	□ Change
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Effect	tive date, if other th	han the date of	filina		(opti	7.	τ̈́c
(If an ef Note:	Tective date is listed, the If the date inserted in nent's effective date of	date must be specif in this block does	ic and cannot be prior not meet the applic	to date of filing or able statutory fil	more than 90 days after	r filing.) Pursuant to	605.0207 (3 listed as th
the re	cord specifies a de 90th day after t	delayed effecti the record is fi	ve date, but no lled.	t an effective	time, at 12:01	a.m. on the ea	ırlier of:
Dated	September	27	. 2017		6		
		Signature	of a member or author	orizod representati	ve of a member		_

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Filing Fee: \$25.00