L15000044495

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200278387862

FILED

2015 OCT 27 AM II: 20
SECRETAR SUFFIGURATION OF FIGURE
TALL A HASSES FIGURATION OF FIGURE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 838831

AUTHORIZATION

COST LIMIT

ORDER DATE: October 20, 2015

ORDER TIME : 9:21 AM

ORDER NO. : 838831-085

CUSTOMER NO: 8041010

DOMESTIC AMENDMENT FILING

NAME: AYAMAL FIFTY 4 LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYAMAL	FIFTY 4 LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000064495}{L15000064495}$.	were filed on	4/13/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	990 BISCAYNE B	BLVD	
(Principal office address MUST BE A STREET ADDRESS)	OFFICE 501		
	MIAMI, FL 33132		
Enter new mailing address, if applicable:	990 BISCAYNE B	SLVD	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI. FL 33132	77	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on o e:	ur records, enter SSEE,	
		. Florida	
·	City	, + JOHUA	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>	Address	Type of Action
AMBR	JJLB Property Management LLC	11 Broadway Suite 615 New York, NY 10004	□ Add
			Remove
			□ Change
AMBR JJLB Property Management LLC	JJLB Property Management LLC	255 Collins Ave. Suite 1, Miami FL 33139	
			Remove
		☐ Change	
AMBR	AYAMAL LLC	11 Broadway Suite 615 New York, NY 10004	□ Add
		<u> </u>	≅ Remove
			Change
AMBR AYAMAL LLC	AYAMAL LLC	990 Biscayne Blvd. Office 501 Miami, FL 33132	Add
			Remove SECRETARY OF STATE Change Change Add
			☐ Remove
			Change

	<u> </u>	
	2815	الميان
	DCT 2	
	ر است >−۲۱۱	77
		j
	- 설류 	
Effective data if other than the date of filings	(ontional)	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.02 by filing requirements, this date will not be listed	:07 (3)(as the
he record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	cive time, at 12:01 a.m. on the earlier	of:
Dated 22 OCTOBER 2015		
Signature of a member or authorized represer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00