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Division of Corporations

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Account Name : ARNSTEIN & LEHR LLP

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PENINSULA EXECUTIVE CENTER MANAGER, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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	ation Section n of Corporations	
SUBJECT:	NINSULA EXECUTIVE CENTER MANAGER, LLC	•
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	Steven L. Daniels	
	Name of Person	
	Arnstein & Leht LLP	
	Firm/Company	
	515 N. Flagler Drive, Suite 1400	_
	Address	——————————————————————————————————————
	West Palm Beach, Ft. 33401	
	City/State and Zip Code SLDANIELS@ARNSTEIN.COM	
	E-mail address: (to be used for future annual report notificati	on)
For further info	mation concerning this matter, please cull:	
Steven L. Dani	1s 561 833-9800	
	Name of Person Area Code Daytine Tel	ephone Number
Enclosed is a ch	ck for the following amount:	
□ \$25.00 Filir	g Fee Signal Sig	Clertificate of Status & Certified Copy (additional copy is enclosed)
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahussee, 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

PENINSULA EXECUTIVE CENTER MANAGER, LLC

FILED

2017 JUN-7 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Com-	nany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L17000097816	y were filed on May 2, 2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI,C" or the abbreviation "LI,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)	e		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori la stron address		
	, Florida		
	City Zip Cod t		

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 Ayout, Signature of New Registered As ent

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
MGR	C. TALANIAN CO., INC.	137 Newbury Street	□LA □
		Возгол, МА 02116	■ Romove
			Change
MGR	C. TALANIAN REALTY CO., INC.	137 Newbury Street	Add
		Boston, MA 02116	R≥move
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June 7	2017			
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Coral Gables, Florida 33146
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