Jel. 24. | 2017 | 4:362M 7/24/2017

# rida Department of State

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.

(((H17000193503 3)))



H170001935033ABC\$

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 : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010 Phone

(407)425-2747 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTA CLARA MM LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

(((H17000193503 3)))

### **COVER LETTER**

	egistration Sec ivision of Corp			
		ARA MM LLC	<b>2</b>	
SUBJECT	·	Name of Limit	ed Lizbility Company	
The enclos	sed Articles of A	Amendment and Tee(s) are subm	nitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter to	o the following:	
		Amy E. Jellicorse, Esq.		
			Name of Person	
		Zimmerman Kiser Sutcliffe	, P.A.	
			Firm/Company e	
		315 E. Robinson Street, Su	ite 600	
			Address	<del></del>
		Orlando, FL 32801		
			City/State and Zip Code	
		jeremy@lincolnavecap.com	o be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please ca		
Jeremy B	ronfman		212 554-2319 et( )	
	Name o	f Person	Arca Code Dayum	e Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTA CLARA MM LLC		<del></del>
(Name of the Limited Liability Con (A Fiorida Limite	npany as it now appears on our recorded Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>6/30/2017</u>	and assigned
Florida document number L17000142101		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C' or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
·		
Enter new mailing address, if applicable:		5: 22
(Mailing address MAY BE A POST OFFICE BOX)		
		Property -
		型性的
B. If amending the registered agent and/or registered registered agent and/or the new registered office address !	l office address on our recor here:	ds, enter the name of the new
	×1 ·	
Name of New Registered Agent:		
New Registered Office Address:		
-	Ent <b>e</b> r Florida stræt addr	611
<del></del>		Florida Zip Code
	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 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

Page 1 of 3

(((H17000193503 3)))

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	Eli Bronfman	595 Madison Ave, 16th Floor	Add
		New York, New York 10022	■ Remove
			Change
MGR	Jonathan A. Gruskin	595 Madison Ave, 16th Floor	■ Add
		New York, New York 10022	□ Remove
			□ Change
			□ Remove
			☐ Change
			D Add
			Remove
			☐ Change
			□ Remove
		·	Change
			SE Addr
			Change Add 24 Are 9: 100 Change 9: 100 Change 9: 100 Change 100 Ch

_			
	_		
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
lfan effec <u>Note:</u> li documen	nt's effective date on the D	at he specific and exampt he prior to date of filing or more than 90 da lock does not meet the applicable statutory filing requirerues repartment of State's records.	its, this dute will not be listed as the
If an effect <u>Note:</u> II documen ne reco	ctive date is fisted, the date man fithe date inserted in this bi nt's effective date on the D	at be specific and expect be prior to date of filing or more than 90 date of filing or more than 90 date does not meet the applicable statutory filing requirement epartment of State's records.  If effective date, but not an effective time, at 12	its, this dute will not be listed as the
if an effect Note: II document the reco	ative date is listed, the date man fithe date inserted in this bi int's effective date on the D and specifies a delayed	at be specific and expect be prior to date of filing or more than 90 date of filing or more than 90 date does not meet the applicable statutory filing requirement epartment of State's records.  If effective date, but not an effective time, at 12	its, this dute will not be listed as the
fancffee Note: II documen ne reco The 9	ative date is fisted, the date man fithe date inserted in this bil not's effective date on the D and specifies a delayed 90th day after the rec	at be specific and expend be prior to date of filling or more than 90 date of filling or more than 90 date does not meet the applicable statutory filling requirement epartment of State's records.  I effective date, but not an effective time, at 12 and is filled.	its, this dute will not be listed as the
If an effect <u>Note:</u> II documen ne reco	ative date is listed, the date must fithe date inserted in this bill not's effective date on the Doord specifies a delayed both day after the recognity 24	at be specific and expend be prior to date of filling or more than 90 date of filling or more than 90 date does not meet the applicable statutory filling requirement epartment of State's records.  I effective date, but not an effective time, at 12 and is filled.	its, this dute will not be listed as the
fancffee Note: II documen ie reco The 9	ative date is listed, the date must fithe date inserted in this bill not's effective date on the Doord specifies a delayed both day after the recognity 24	or be specific and expect be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirement of State's records.  It effective date, but not an effective time, at 12 and is filed.  2017  Signature of a member or authorized representative of a member	ets, this date will not be listed as the
if an effect Note: II document the reco	ative date is fisted, the date must fithe date inserted in this bill not's effective date on the Doord specifies a delayed both day after the recoluly 24	or be specific and expect be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirement of State's records.  It effective date, but not an effective time, at 12 and is filed.  2017  Signature of a member or authorized representative of a member	2:01 a.m. on the earlier of:
if an effect Note: II document the reco	ative date is fisted, the date must fithe date inserted in this bill not's effective date on the Doord specifies a delayed both day after the recoluly 24	or be specific and expect be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirerest epartment of State's records.  I effective date, but not an effective time, at 12 ord is filed.  2017  Signature of a member or authorized representative of a member ager	2:01 a.m. on the earlier of:
if an effect Note: II document the reco	ative date is fisted, the date must fithe date inserted in this bill not's effective date on the Doord specifies a delayed both day after the recoluly 24	rate specific and expect be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirement particles of state's records.  I effective date, but not an effective time, at 12 and is filed.  2017  Signature of a member or authorized representative of a member ager  Typed or printed name of signer.	201 a.m. on the earlier of:
fancffee Note: II documen ne reco The 9	ative date is fisted, the date must fithe date inserted in this bill not's effective date on the Doord specifies a delayed both day after the recoluly 24	rate specific and expect be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirement of State's records.  It effective date, but not an effective time, at 12 and is filed.  2017  Signature of a member or authorized representative of a member ager  Typed or printed name of signer.	2:01 a.m. on the earlier of: