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COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT:					
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Name of Person			
		Robinson Brog Leir	nwand Greene Genovese &	Gluck P.C.		
			Firm/Company			
875 Third Avenue, 9th Floor						
			Address			
		Nev	v York, New York 10022			
			City/State and Zip Code			
	amg@robinsonbrog.com E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of		auony		
	s	cott A. Lavin	at (212)6	603-6349		
<u></u>		of Person	Area Code & Daytime			
				•		
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassec, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 Ra	anber Street LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability (Company were filed on	July 6, 2012	and ass	signed	
Florida document number L12000088501	*				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company ho	ere:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	vany," the designation "L	LC" or the	abbrevia	ation
Enter new principal offices address, if applicable:			71		***************************************
(Principal office address MUST BE A STREET ADD	RESS)			~	
	<u></u>		(V) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	<u></u>	
_			CO TO	#	* Famil
Enter new mailing address, if applicable:				_=	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u> </u>	-
	(The San	59	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	he name	of the	new
Name of New Registered Agent:					
New Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
	E	nter Florida street add	iress		
	<i>C</i> 4	, Florida	77. 77		
	City		Zip Coa	ie	

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

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 Type of Action Title Name 1 <u>Address</u> MGRM Michael Resnikov 875 Third Avenue, 9th Floor ✓ Remove New York, New York 10022 MGRM Michael Resnick 18911 Collins Ave., Apt. 602 Remove Sunny Isles, Florida 33160 Remove □ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 16 August Dated _ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

A. Mitchell Greene

Filing Fee: \$25.00