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.
	(((H20000363655 3)))
	H200003636553ABC/
Note	: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
1	o: Division of Corporations Fax Number : (850)617-6383
F در م	Account Name : C T CORPORATION SYSTEM : DD Account Number : FCA000000023 : DD Phone : (614)280-3338 : CT Fax Number : (954)208-0845 : GD
11 1 11 1 1 11 1 1 1 11 1 1 1 1 11 1 1 1 1 1 1 1 1 1	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
2020 OCT 19	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Electronic Filing Menu Corporate Filing Menu

Y SUIREP OCT 2 + ZOZO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Plorida document number <u>103000015651</u>	were filed on <u>5/1/2003</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lin Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	375 Park Avenue, (0th Floor			
(Principal office address MUST BE A STREET ADDRESS)	New York, New York 10152			
Enter new mailing address, if applicable:	375 Park Avenue, 10th Floor			
Mailing address MAY BE A POST OFFICE BOX	New York, New York 10152	<u>. 20</u>		
		<u> </u>		
		C C		
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 	tfice address on our records, <u>en</u> e:	iter the name of the		
	_			
		\$ 5)		
Name of New Registered Agent:				
		P .		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street väärets	<u> </u>		
New Registered Office Address:		Pi Pi Pi 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 affice address. Thereby 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

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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

Title	Name	Address	Type of Action
MGR	Carpentier, Katherine	375 Park Avenue, 10th Floor	💷 Add
		New York, New York 10152	
			Change
MGR	Fuchs, Michael	375 Park Avenue, 10th Fluor	□ Add
		New York, New York 10152	🖸 Remove
MGR	Handeiman, Alan	390 Park Avenue	O Add
		New York, New York 1022	🖸 Komove
			Change
			[bb A []
			Change
			🖸 Add
		<u> </u>	🔄 🖸 Remove
			🗌 Change
			🗆 Acd
			C Remove
			Change

To: Page 5 of 5

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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		 ····	
		 	····

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 14, 2020 Dated ____ ized representative of a member e cl'a mem er or suma Signad Katherine Carpentier Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00