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(((H17000312898 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600

Fax Number

: (561)842-4104

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 GOLDEN BEAR REALTY, LLC

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COVER LETTER

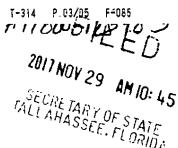
TO: Registration Division of	n Section Corporations				
Golder SUBJECT:	Bear Realty, LLC				
	Name of Lir	nited Liability Company	· · · · · · · · · · · · · · · · · · ·		
	s of Amendment and fee(s) are sulespondence concerning this matter				
	Jonathan A. Berkowitz, E	sq.			
		Name of Person			
	Cohen Norris, et al.				
	Firm/Company 712 U.S. Highway One, Suite 400				
		Address			
	North Palm Beach, FL 33-	408			
	toddv@goldenbearrealty.co	City/State and Zip Code			
		(to be used for future annual report notifi	ication)		
For further information	on concerning this matter, please o	all:			
Jonathan A. Berkowi	tz	561 844-3600 			
Name of Person			Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee \$\Box\text{Certificate of Status}\$		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
A.I.A	HING ADDRESS	emperation of	en . DDDvoc		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H 17000 3128983

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GOLDEN BEAR REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	pany were filed on 12/15/2004	and assigned
Florida document number L04000090507	17	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N V REALTY GROUP, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	
Enter new mailing address, if applicable:	SAME.	
(Mailing address MAY BE A POST OFFICE BOX)		
		ords, enter the name of the n
		ords, enter the name of the m
Name of New Registered Agent:	<u>s here</u> :	ords, enter the name of the re
registered agent and/or the new registered office address	<u>s here</u> :	
Name of New Registered Agent:	s here: is the second of the	ulress
Name of New Registered Agent:	is here: is Enter Florida street au	
Name of New Registered Agent: New Registered Office Address:	s here: s Enter Florida street au Cuty	ulress
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered A derest and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered agent and provisions of the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered agent and provided the registered agent	Enter Florida street au Cuy gent: l agree to act in this capacity. plete performance of my duties I as provided for in Chapter 6	ulress , Florida ZIp Code I further agree to comply with the specified and a familiar with and the specified and the sp
	Enter Florida street au Cuy gent: l agree to act in this capacity. plete performance of my duties I as provided for in Chapter 6	ldress Florida Zip Code I further agree to comply with the specified and a familiar with and the specified to the specified by the specified and the specified by the specifi

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T-314 P.04/05 F-085

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
MGRM	MICHAEL NICKLAUS	11811 US HWY 1, SUITE 205	□ Add
		N. PALM BEACH, FL 33408	■ Remove
			☐ Change
MGR	MICHAEL NICKLAUS	11811 US HWY 1, SUITE 205	
		N. PALM BEACH, FL 33408	□ Remove
			Change
			☐ Remove
			PALLAHASSEL, FLO
			Change
			Change
			□ Add
			Remove
			☐ Change

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1-23-17	04:46рт	Frem-					r-314 P.05/	
D. If a	amending s	ny other	r information, enter o	:hange(s) here;	(Attach addition	al sheets, if ne	cessary.)	70-5
								
								
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(lf ar <u>No</u>	reffective date <u>te:</u> If the dat	is listed, t te inserted	than the date of filin he date must be specific and d in this block does not a c on the Department of S	d cannot be prior to meet the applicab	date of filing or more le statutory filing n	than 90 days aft	tional) er filing.) Pursu ils date will no	ant to 605.0207 (3)(b) of be listed as the
If the (b) T	record spe he 90th d	ecifies a ay after	delayed effective of the record is filed.	date, but not a	on effective tim	ne, at 12:01	a.m. on th	e earlier of:
Dat	ed	11-	20-2017					
			9/11	2511				
			pignature of a	member or buthoris	cod representative of	a member		
	MIC	HAEL NI	ICKLAUS, MANAGEF	t	ng år			
				Typed or printed i	name of signer			

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Filing Fee: \$25.00 H.170003128983