## LD50003163/

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



700295530247

02/17/17--01025--013 \*\*1235.00

FEB 2 0 2017 S. YOUNG 17 FEB 17 AM 10: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D.B.D., LLC   |  |                      |
|---|--|----------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | any us it now appears on our records.)<br>Liability Company) |                      |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L05000039631</u> .           | were filed on April 20, 2005                                 | 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:  |                      |
| 101 West Seminole, LLC  |  |                      |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the al               | obreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 44 Hawthorn Drive  |                      |
| (Principal office address MUST BE A STREET ADDRESS)   | Edison, NJ 08820   | 1 65                 |
|   |  |                      |
|   |  | 1 SA                 |
| Enter new mailing address, if applicable:   |  | <u> </u>             |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u> </u>   | 10 0                 |
|   |  | 5 St                 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  | the name of the nev  |
| Name of New Registered Agent:   |  |                      |
| New Registered Office Address:  |  |                      |
|   | Enter Florida street address                                 |                      |
|   | , Florida  | 7: 0                 |
|   | 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

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  |
|--------------|-------------|---|-----------------|
|              | <del></del> |   |                 |
|              |             |   | Remove          |
|              |             |   | Change          |
|              |             |   |                 |
|              |             |   | □ Remove        |
|              |             |   |                 |
|              |             |   | □ Add           |
|              |             | *************************************** | ☐ Rematie       |
|              |             |   | Change Add O. 4 |
| <del></del>  |             |   | □ Add 7 FL GRID |
|              |             | ☐ Remove ☐                              |                 |
|              |             |   | ☐ Change        |
|              |             | □ Add                                   | □ Add           |
|              |             |   | □ Remove        |
|              |             |   | ☐ Change        |
| ····         |             |   | □ Add           |
|              |             | TANA CA SAINSIN                         | ☐ Remove        |
|              |             |   | □ Change        |

|   | <del></del>  |
|---|--|
|   | ***************************************            |
|   |  |
|   |  |
|   | FEBIT  |
|   | l  |
|   | BM 10: 49  |
|   | 49   |
|   |  |
|   |  |
| Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 | (optional) days after filing.) Pursuant to 605.020 |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirem ocument's effective date on the Department of State's records. | ents, this date will not be listed a               |
| e record specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.  | 12:01 a.m. on the earlier o                        |
| ated 2   15   |  |
|   |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00