

L07000067967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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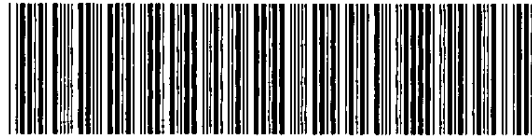
(Business Entity Name)

(Document Number)

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April 28, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

852 Collins Acquisitions, LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

852 COLLINS ACQUISITIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 28, 2007 and assigned
Florida document number L07000067967

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o Thor Equities, LLC

25 West 39th Street

New York, NY 10018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Thor Equities, LLC

25 West 39th Street

New York, NY 10018

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NRAI Services, Inc.

New Registered Office Address:

2731 Executive Park Drive, Suite 4

(Enter Florida street address)

Weston

(City)

Florida 33331

(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 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.

By: /s/ MICHAEL D. MCMANUS

(If Changing Registered Agent, Signature of New Registered Agent)

Michael D. McManus, Ass't Sec'y

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thor Urban Operating Fund II L.P.	c/o Thor Equities, LLC 25 West 39th Street New York, NY 10018	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Koniver Family, LLC	1665 Washington Ave., PH Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stern Family, LLC	1665 Washington Ave., PH Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 27, 2009

/s/ MORRIS MISSRY

Signature of a member or authorized representative of a member
Morris Missry, Authorized Person

Typed or printed name of signee

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