Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

; (850)878~5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OLIVER-PYATT CENTERS, LLC**

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Corporate Filing Menu

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10/21/2014

M. Outloan

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Oliver-Pyatt Centers, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Bryan Piterman

Name of Person

Monte Nido Holdings, LLC

Firm/Company

27162 Sea Vista Drive

Address

Malibu, CA 90265

City/State and Zip Code

bryan@montenido.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nika B. Palama

_312,499-6313

Name of Person

Area Code

Davrime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301 10/21/2014 11:20:19 From: To: 8506176383

FILED (3/5)

2814 OCT 21 AM 8: 3.1

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-Pyatt Centers, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ly Company as it now appears on t Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co. Florida document number L07000111589	ompany were filed on Janua 	ry 18, 2012 and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	eet (iddress	
		, Florida Zin Code
	Cin	zip Çode

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records;

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
GMGR	Kroviak, Vicki R.	5 Riverview Terrace	
		Irvington, NY 10533	_ ■ Remove
DIR	Kroviak, Vicki R.	5 Riverview Terrace	■ Add
		Irvington, NY 10533	Remove
MGR	Monte Nido Holdings, LLC	27162 Sea Vista Drive	
		Malibu, CA 90265	□ Remove
		*	☐ Remove
			□ Remove
			□ Add
			☐ Remove

If amending any other information	, enter change(s) here: (Attach ada	litional sheets, if necessary.)
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and cum	(optional) tot be more than 90 days after
Dated October 16	2014	
Gon	Mufiles	
Sign	ature of a member or authorized representa	tive of a member
	Jon Garfield, CF	0
	Typed or printed name of signe	

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Filing Fee: \$25.00

2014 OCT 21 AM 8: 32
SECRETARY OF STATE
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