

L08000037077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

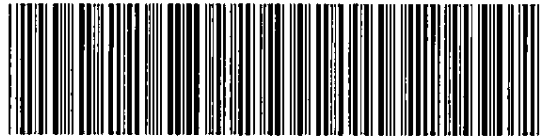
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 JUL 28 AM 10:25
STATE CLERK OF STATE
FALL RIVER, MA

17 AUG 31 AM 11:29

K. SALY
SEP - 1 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 8/31/17
ACCT. I20160000072

Eric Dill

Name:	1200 West Avenue Lessee LLC (FL)
Document #:	
Order #:	10577863

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination: Number of Certs:

Filing:	Certified:
	<u>Plain:</u>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

CT CORP

SUBJECT: 1200 WEST AVENUE LESSEE, LLC
Ref. Number: L08000037077

*CORRECTED
PLEASE KEEP
ORIGINAL FILE
DATE*

We have received your document for 1200 WEST AVENUE LESSEE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00015566

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1200 West Avenue Lessee, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legal Department
Name of Person

SBE ENT Holding, LLC
Firm/Company

475 Tenth Avenue, 11th Floor
Address

New York, NY 10018
City/State and Zip Code

legaldpt@sbe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cara Ciuffani at (212) 277-4173
Name of Person Area Code Daytime 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, FL 32314

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 JUL 26 AM 10:25

1200 West Avenue Lessee, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 11, 2008 and assigned Florida document number LO8000037077.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
<u>Mr.</u>	<u>Richard Szymanski</u>	<u>475 Tenth Avenue</u>	<input type="checkbox"/> Add
		<u>New York, NY 10018</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>David Hammerley</u>	<u>475 Tenth Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10018</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Jerome Giannattasio</u>	<u>475 Tenth Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10018</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 2017 JUL 28 04:10:55
 STATE OF NEW YORK
 TALENT ASSISTANT

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

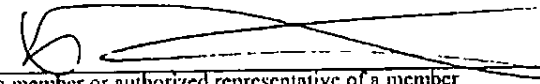
Multiple horizontal lines for amending information.

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2017 JUL 28 AM 10:25
CLERK OF SUPERIOR COURT
FAMILY DIVISION

E. Effective date, if other than the date of filing: August 1, 2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 30, 2017.



Signature of a member or authorized representative of a member

Philippe Zrihen

Typed or printed name of signee