

L08000108296

Florida Department of State  
Division of Corporations  
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Account Number : 075350000132  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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2017 OCT 14 AM 11:22  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LIBERTY PROPERTIES OF FLORIDA, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$60.00 |

49303  
V. Rivera

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

P.002  
FILED  
2016 OCT 14 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIBERTY PROPERTIES OF FLORIDA, 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 11/20/08 and assigned  
Florida document number L08000108296

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:

c/o Elizabeth Ailes

(Principal office address MUST BE A STREET ADDRESS)

218 Truman Drive

Cresskill, NJ 07626

Enter new mailing address, if applicable:

c/o Elizabeth Alles

(Mailing address MAY BE A POST OFFICE BOX)

218 Truman Drive

Cresskill, NJ 07626

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

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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>                      |
|--------------|-----------------|-----------------------|--|
| MGRM         | AILES, ROGER E. | c/o Leahey & Johnson  | <input type="checkbox"/> Add               |
|              |                 | 120 Wall St, Ste 2220 | <input checked="" type="checkbox"/> Remove |
|              |                 | New York, NY 10005    | <input type="checkbox"/> Change            |
| MGR          | Elizabeth Ailes | 218 Truman Drive      | <input checked="" type="checkbox"/> Add    |
|              |                 | Cresskill, NJ 07626   | <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            |
|              |                 |                       | <input type="checkbox"/> Add               |
|              |                 |                       | <input type="checkbox"/> Remove            |
|              |                 |                       | <input type="checkbox"/> Change            |

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