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EXAMINER

SECRETARY OF STATE CORPORATION OF CORPORATION

CORPDIRECT SIGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: RICKY SOTO** DATE: 11/17/2010 **REF. #:** 000631.136537 CORP. NAME: BAINBRIDGE & KNIGHT, LLC () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () LIMITED LIABILITY () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 537443 FOR \$ 55.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN: () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY (XX) CERTIFIED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONLY STREET

BAINBRIDGE & KNI	GHT, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on February 12, 2009 and assigned
Florida document numberL09000014415	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	801 Second Avenue, 19th Floor
(Principal office address MUST BE A STREET ADDRESS)	New York, NY 10017
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(City) , Florida (7in 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.

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

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

المستعدالة المراجع المراجعي

Title	<u>Name</u>	Address	Type of Action
MGRN	// Geoffrey Lurie	20801 Biscayne Boulevard, Suite 403 Aventura, FL 33180	Add Remove
MGRM	1 Steven Schwartz	20801 Biscayne Boulevard, Suite 403 Aventura, FL 33180	Add Remove
MGR	Steven Schwartz	801 Second Avenue, 19th Floor New York, NY 10017	Add Remove
			Add Remove
			Add Remove
	. .		Add Remove
D. If ai		enter change(s) here: (Attach additional sheets, if necessary.)
	Navambar 17	0040	
Dated _	November 17 Signature	of a member or authorized representative of a member	
	Melvin L. Ortner, Author	ized Representative Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00