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S. HAWKES

SEP 0 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor						
SUBJECT:	NFM R	esidential LLC				
	Name of Limi	ted Liability Company		•		
The enclosed Articles of Am	endment and fec(s) are sub	mitted for filing.				
Please return all corresponde	ence concerning this matter	to the following:				
	412	Daniel G. Hayes		_		
		Name of Person				
	Keldar Advisors LLC					
•		Firm/Company		_		
	520 WI	nite Plains Road, Suite	e 500			
-		Address		_		
	Tarı	ytown, NY 10591-511	6			
	City/State and Zip Code					
-	dhay E-mail address: (t	es@keldaradvisors.co o be used for future annual repo	n notification)	-		
For further information conc						
Danie	I G. Hayes	at (914)	366-7341 Daytime Telephone Numb			
Name of Pe	rson	Area Code & i	Daytime Telephone Numb	er		
Enclosed is a check for the f	ollowing amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certific	iling Fee, cate of Status & ed Copy onal 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

NFM Residential LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A riorid	ia Limited L	lability Company)		
The Articles of Organization for this Limited Liability Florida document number L09000024266	Company	were filed on March 11, 2009 are assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabi	lity company here:		
Bronx Capital LLC				
The new name must be distinguishable and end with the w"L.L.C."	vords "Limit	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		c/o Thomas C. Tyler Jr., Esq.		
(Principal office address MUST BE A STREET ADDRESS)		735 East Venice Avenue, Suite 210		
		Venice, FL 34285		
Enter new mailing address, if applicable:		c/o Merson LLC		
(Mailing address MAY BE A POST OFFICE BOX)		Post Office Box 190		
		Bronx, NY 10470		
registered agent and/or the new registered office ad	ldress here	ice address on our records, <u>enter the name of the new</u> : Tyler Jr., Esq.		
New Registered Office Address: 735	735 East Venice Avenue, Suite 2 0 0			

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.

Venice City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> Address <u>Name</u> MGR Robert M. Kohn 2745 First Street, Suite 305 ∏Add √ Remove Fort Myers, FL 33916 Melvin E. Romero MGR c/o Merson LLC ✓ Add Post Office Box 190 Remove Bronx, NY 10470 Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 4 2010 Dated Signature of a member or anthorized representative of a member Daniel G. Hayes, Manager

Page 2 of 2

Typed or printed name of signce

Filing Fee: \$25.00