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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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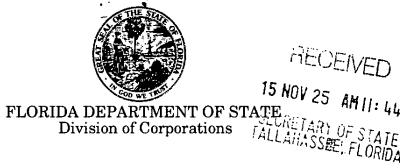


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SECRETARY OF STATE

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November 10, 2015

MICHAEL COHEN 505 5TH AVE, 22ND FLOOR NEW YORK, NY 10017

SUBJECT: HARBOR HOUSE 1227, LLC

Ref. Number: L09000049107

We have received your document for HARBOR HOUSE 1227, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 715A00023769

COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|---|---|---|
| SUBJECT: Ha | rbor House 1227, LLC | | | | |
| | | ited Liability Company | | | |
| | Amendment and fee(s) are sub | | | | |
| | Michael | Cohen | | | |
| | | Name of Person | | | |
| | Harbor F | louse 1227, LLC | | | |
| | | Firm/Company | | | |
| | 505 Fifth | Avenue, 22nd Floor | TA [] | 2015 NOV 24 | - |
| | | Address | | NOV NOV | |
| | New York | k, NY 10017 | SS | 24 چهج | - |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | [7] () | g T | |
| | Billpay@ | gkfo.net to be used for future annual report notif | = = = = = = = = = = = = = = = = | ျှ ယ | C |
| For further information c | oncerning this matter, please c | | 13 ; | - | |
| Michael Cohe Name o | n Person | at (212) 775 - 11 Area Code Daytime | 111 Telephone Number | - | |
| Enclosed is a check for the | e 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 Fe Certificate of St Certified Copy (additional copy is | tatus & | |
| •••• | | | | | |

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

| - | , Florida Ciry Zip Code |
|--|---|
| | Enter Florida street address |
| New Registered Office Address: | |
| Name of New Registered Agent: | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name-of the new |
| | 5 W |
| | |
| (Mailing address MAY BE A POST OFFICE BO) | X) |
| Enter new mailing address, if applicable: | ARE NOV |
| | <u> </u> |
| (Principal office address MUST BE A STREET A | |
| Enter new principal offices address, if applicable | le: |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| A. If amending name, enter the new name of the | e limited liability company here: |
| This amendment is submitted to amend the following. | |
| Florida document number 1090000 49 | 10.7 |
| The Articles of Organization for this Limited Liabj | ility Company were filed on 65/28/09 and assigned |
| (Name of the Limited L | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
| Harbyr hause | : 1227, UC |

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 **Title** Name **Address Type of Action** Stepan Temir-Bulat MGR □ Add 505 Fifth Avenue, 22nd Floor, New York, NY 10017 ☐ Change MGR_ Michael Cohen 505 Fifth Avenue, 22nd Floor, New York, NY 10017 & Add □ Remove _□ Change _ Add ☐ Remove SAMOV 2 Charge B _□ Add ☐ Remove ☐ Change □ Add □ Remove

_□ Change

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Filing Fee: \$25.00