LOACOUPSY

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
(023		

Office Use Only



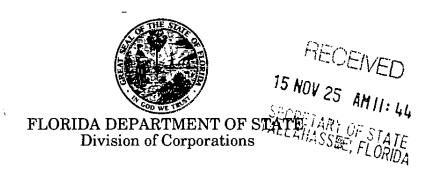
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11/09/15--01009--007 **25.00

FILED

SECRETARY OF STATE
ALLAHASSEE FROM STATE

NOV 25 2015 S. YOUNG



November 10, 2015

MICHAEL COHEN 505 FIFTH AVENUE 22ND FLOOR NEW YORK, NY 10017

SUBJECT: HARBOR HOUSE 408, LLC

Ref. Number: L09000049551

We have received your document for HARBOR HOUSE 408, 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.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00023829

SECRETARY OF STATE

COVER LETTER

Division of Cor			
subject: Ha	rbor House 408, LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
	Michael (Cohen	
		Name of Person	
	Harbor H	louse 408, LLC	·
		Firm/Company	7.5 5
	505 Fifth	Avenue, 22nd Floor	
		Address	
	New York	, NY 10017	
	Rillnav@v	City/State and Zip Code	0 T T S
	E-mail address: (Ikfo.net lo be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Michael Coher Name of		at (<u>212</u>) <u>775 - 11</u> Area Code Daytime	11 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 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

(Name of the Limited	Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Lia	bility Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	一篇 看 n
		999 1 下
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<i>0X</i>)	2. S. S.
		- <u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our record ce address here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street addres	22
	, F}	orida
	Cny	esp 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Stepan Temir-Bulat		Add
		505 Fifth Avenue, 22nd Floor, New York, NY	10017 ☑ Remove
			Change
MGR_	Michael Cohen	505 Fifth Avenue, 22nd Floor, New York, NY	′ 10017 [3 ′Add
			Remove
			- Change
			ASSERBATE TO LET
			Remove 5
		<u> </u>	□ Add
			□ Remove
			□ Change
			Remove
		☐ Change	
			🗆 Add
			□ Remove
			Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	٠.		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 99 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.	-		-
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Signature of a member or authorized representative of a member	Dated _	11/19	
Signature of a member or authorized representative of a member		D-P-V	
		Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00