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Office Use Only



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COVER LETTER

Division of Co	rporations		
***SUBJECT: 400		IE 44 ST, LLC	
F,00,50 (5.47)		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	J	OSEPH R. COLLETTI	
		Name of Person	
	JOS	SEPH R. COLLETTI, P.A.	
	•	Firm/Company	
	4770 BI	ISCAYNE BLVD, SUITE 630	
-		Address	
		MIAMI, FL 33137	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please of	call:	
	PH R. COLLETTI	at (76-2600
Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check for the	ne 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)

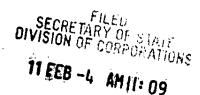
TO:

Registration Section

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



120 (<u>Name of the Limited Liabilit</u> (A Florida	NE 44 ST, LLC ty Company as it now appea Limited Liability Company)	rs on/our records.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	10/15/2009	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	any," the designation "l	.LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	····	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
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 608, F.S. Or, if this document is heing 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 Type of Action **Title** <u>Name</u> Address MGR ROBERT BLUMENTHAL 9 ISLAND AVENUE, APT. 1604 ✓ Add Remove MIAMI BEACH, EL 33139 Add Remove ☐ Add Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 1** 2011 Signature of a member or authorized representative of a member 4000 Typed or printed name of signee

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Filing Fee: \$25.00