

LO9000106448

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DIVISION OF CORPORATIONS  
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T. HAMPTON  
ACT 12 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TY Florida II LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alise Weinstein

Name of Person

Alan J. Marcus, P.A.

Firm/Company

20803 Biscayne Blvd., Suite 301

Address

Aventura, FL 33180

City/State and Zip Code

aweinstein@alanjmarcus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alise Weinstein

Name of Person

at ( 305 ) 937 1800

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

TY Florida II LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on November 4, 2009 and assigned  
Florida document number LD9000106448.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

20803 Biscayne Blvd.

Suite 301

Aventura FL 33180

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

20803 Biscayne Blvd.

Suite 301

Aventura, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Alan J. Marcus

New Registered Office Address:

20803 Biscayne Blvd. Suite 301

Enter Florida street address

Aventura

Florida

33180

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charles Yassky	424 Madison Avenue 8th Floor New York, NY 10017	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Hadria Lawner	20803 Biscayne Blvd. Suite 301 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ed Ticelli	424 Madison Avenue 8th Floor New York, NY 10017	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ed Ticheli	20803 Biscayne Blvd. Suite 301 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\* Managing Member Ed Ticheli's name  
and address need to be corrected. (as indicated above).

Dated September 21, 2010.

Signature of a member or authorized representative of a member

Ed Ticheli

Typed or printed name of signee

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