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| (Ci | ty/State/Zip/Phone | 9 #) |
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2010 JUN 22 MM 9: 56
SECRETARY OF STATE

T. CLINE

JUN 2 3 2010 :

EXAMINER

| TO: Registration Section Division of Corporations | N. V | |
|--|---|---|
| SUBJECT: 275 NE 159TH STREET LL C 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: | | |
| MELANIE HYER Name of Person | | |
| Firm/Company | | |
| MIAMI BEACH FL 33139 City/State and Zip Code Melanica (cuest group, com E-mail address: (to be used for future linnual report notification) | 2010 JUN 22 AM 9: 56 SECRETARY OF STATE TALLAHASSEE, FLORIO | |
| For further information concerning this matter, please call: Melanic Hyer | D | |
| Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified | ing Fee, te of Status & I Copy nal copy is enclosed) | • |
| MAILING ADDRESS: STREET/COURIER ADDRESS: | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 275 NE 159TH | STREET | LLC | | | |
|--|---|------------------|-----------------|-----------|--|
| (Name of the Limited Liablity Com (A Florida Limite | ipany as it now appe d Liability Company | ars on our rec | ords.) | _ | |
| The Articles of Organization for this Limited Liability Compa | any were filed on | 2/a5/2 | 0 O ar | nd assign | ned |
| Florida document number | | | · - | Ū | |
| | • | • | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited li | iability company h | ere: | | | |
| | | | | | |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Com | pany," the desig | gnation "LLC" o | r the abb | reviation |
| Enter new principal offices address, if applicable: | | : | Ŧ.o. | 26 | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | | · | 5 | |
| | | | 五三 | NE PER | CONTRACTOR OF THE PERSON OF TH |
| · | | • | SSE ASS | 2 | in market. |
| Enter new mailing address, if applicable: | · | | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 97 | بي ر | |
| | | | 577 | 5. | |
| B. If amending the registered agent and/or registered | office address on | our records. | enter the na | me of t | the new |
| registered agent and/or the new registered office address h | <u>iere</u> : | ! | | | |
| | | • | | ; | |
| Name of New Registered Agent: | · · · · · | | · . | | |
| New Registered Office Address: | • | | | | |
| * | E | Inter Florida s | treet 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 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 **Type of Action Address** <u>Title</u> <u>Name</u> 152 SW GTIL CT MERM BRIAN BURK Remove POMPANO BEACH FLORIDA MLRM _MORA_ ISRAEL Remove MIAMI BEACH, FLORIDA ☐ Add Remove Remove 記 bbA配記 Remove Add Remove. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 2010 Dated Signature of a member or authorized representative of a member BROWN BURK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00