L10000027734

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FILED TO MAY -6 PM 2: 22 SECRETARY OF STATE SALLAHASSEE, FLORID

J. BRYAN

MAY -7 2010

EXAMINER

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	Stein Famil	y Investments, LLC.		
		nited Liability Company		
The enclosed Art	icles of Amendment and fee(s) are su	abmitted for filing.		
Please return all	correspondence concerning this matte	er to the following:		
		Jesse Stein		
		Name of Person		
		Firm/Company		78 5
	13	95 Brickell Ave Ste. 730		CAR B T
		Address		Y-6 PM
		Miami, FL 33131 City/State and Zip Code		PM 2: 22 PM 2: 22 PM 2: 22
	E-mail address:	(to be used for future annual report no	otification)	22 22
For further inforr	nation concerning this matter, please	call:		
	Jesse Stein	at (305)	767-6363	
	Name of Person	Area Code & Day	time Telephone Numbe	r
Enclosed is a che	ck 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)	sed) Certified	ite of Status &
	MAILING ADDRESS:	STREET/COU	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

TO:

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

Stein Family	Investments, LL	.C.	
(<u>Name of the Limited Liability Ć</u> (A Florida Lin	Company as it now appeanited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on	03/11/2010	and assigned
Florida document numberL10000027734			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:	·····		A 05 75
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		HAY T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EE, T. C. P. P. C. P. C. P. C. P. P. P. C. P.	6 PH 2:22
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street addi	ress
	E,	, Florida	~ 200
	City	, FIOI IUA	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 **Title** Name <u>Address</u> **Type of Action** MGR Scott Gildea 500 Fifth Ave ✓ Add
☐ Remove New York, NY 10110 ☐ Add Remove ☐ Add Remove Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 5 2010 Dated _____

Page 2 of 2

Filing Fee: \$25.00

ghature of a member or authorized representative of a member

Jesse Stein
Typed or printed name of signee