

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001802273)))



H160001802273ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Rosa Wong, Paralegal

Account Name : AKERMAN LLP - MIAMI

Account Number : 075471001363 Phone : (305)374-5600 Fax Number : (305)374-5095

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAY COLONY LEASEHOLD LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

JUL 2 8 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

H16000180227 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | NY LEASEHULD | | |
|--|---|-----------------------------|-----------------------|
| (Name of the Limited Liability (A Florida L | Company as It now appeinded Liability Company | ars on our records.) | |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L10000066559</u> | mpany were filed on _ | June 18, 2010 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company | <u>here</u> : | |
| Highway Avenue, LLC | | | For |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the | e designation "LLC" or the | abbreviation "Lanc." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | <u>(SS)</u> | | <u> </u> |
| | · | | 9 FLOR |
| Enter new mailing address, if applicable: | | | - 2 37 |
| Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address address may be addressed agent and/or the new registered office addressed agent and/or the new registered agent agent agent agent agent agent agent agent | | on our records, <u>ente</u> | r the name of the new |
| registered agent und/of the new registered office and the | <u> </u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter F | loridu 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 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

Page 1 of 3

2016/07/27 10:26:04 3 /4

H16000180227 3

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 = N $AMBR = A$ | Manager Authorized Member | | |
|--------------------|------------------------------|---------|-----------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| : | | | D Add |
| | | | 🗆 Remove |
| | | | □ Change |
| • | | | |
| | | | □ Remove → S |
| | | | O Change AHA |
| | | | Change Change Change Change |
| | | | Remove. |
| | | | ☐ Change |
| | | | DAdd |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | · | □ bbA □ |
| | | | Remove |
| | | | Change |

2016/07/27 10:26:04 4 //4

| amending any other informs | tion, enter change(s) here: (Attach additional sheets, if nece | H16000180227 essary.) |
|---|---|--|
| | | |
| | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | <u> </u> |
| | | ယ္ |
| | | 우 - |
| | | |
| | | |
| fective date, if other than the an effective date is listed, the date inuote: If the date inserted in this becument's effective date on the E | date of filing: | onal) filing.) Pursuant to 605,0207 (3)(b); date will not be listed as the |
| record specifies a delaye The 90th day after the rec | d effective date, but not an effective time, at $12:01$ a ord is filed. | a.m. on the earlier of: |
| July 27 | 2016 | |
| | Signature of a member or authorized representative of a member | |
| | • | |
| | - | |
| Index 27 | | |

Page 3 of 3

Filing Fee: \$25.00