

L10000078242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

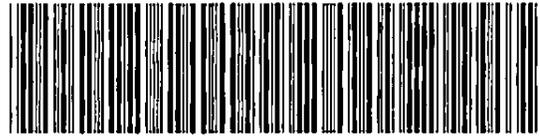
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200306681392

FILED
17 DEC 15 PM 4:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 DEC 15 11:39:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2017
Y SULKER

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/15/2017
ACCT. I20160000072

Eric D.W.

| | |
|-------------|--|
| Name: | 728-730 2201 COLLINS AVENUE CONDOMINIUM, LLC |
| Document #: | |
| Order #: | 10756195 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|----------------|---------------|
| Filing: | Certified: |
| | Plain: |
| | COGS: |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 25

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

728-730 2201 Collins Avenue Condominium, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 26, 2010 and assigned Florida document number 1.10000078242.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Zaha Hadid Holdings Limited; Attn: Christian Gibbon
28 Shad Thames
London, UK SE1 2YD

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:

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 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

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 = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------------|--|
| MGR | Nigel Calvert | | <input type="checkbox"/> Add |
| | | 777 Weston Street | <input checked="" type="checkbox"/> Remove |
| | | London Bridge, UK SE3RS | <input type="checkbox"/> Change |
| MGR | Christian Gibbon | Zaha Hadid Holdings Limited | <input checked="" type="checkbox"/> Add |
| | | 28 Shad Thames | <input type="checkbox"/> Remove |
| | | London, UK SE1 2YD | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 17 DEC 15 PM 4:03
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

FILED
17 DEC 18 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 15, 2017



Signature of a member or authorized representative of a member

Steven W. Zelkowitz

Typed or printed name of signee