# L10000084500

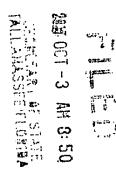
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## **COVER LETTER**

TO: Registration S Division of Co			
THE ASH	ILAR GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ruben Sutton	-	
		Name of Person	
	The Ashlar Group		
		Firm/Company	
	1204 Broadway		
		Address	
	NEW YORK, NY 10001		
		City/State and Zip Code	<del></del>
	ruben@theashlargrp.com		
	E-mail address: (	to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Ruben Sutton		646 525-4271	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ASHLAR GROUP LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/12/2010	and assigned
Florida document number L10000084500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1204 Broadway	<b>→</b> 22
(Principal office address MUST BE A STREET ADDRESS)	New York, NY 10001	
		Carrier Contract
		ည်း မဲ 1
Enter new mailing address, if applicable:	1204 Broadway	
(Mailing address MAY BE A POST OFFICE BOX)	New York, NY 10001	G co
		5 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	Ciry:	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>	Address	Type of Action
MGR	417 Holdings LLC	135W 29th Street Suite 1102	
		New York, NY 10001	■ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
		-	
			□ Remove
			Change
			□ Remove
			Change
			Add
			Change Francisco
			Co Co Co Co Co Remove
			Change

Effect	tive date, if other than the date of filing:	
Note:	tive date, if other than the date of filing:  (optional)  Tective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	.0207 (3)(b) ed as the
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