

Division of Corporations

Page 1 of 1

L10000099490

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H10000210361 3)))



H100002103613ABCO

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:

Account Name : BSPA MIAMI
Account Number : I20090000006
Phone : (305) 755-9500
Fax Number : (305) 714-4340

(305) 714-4378

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

Email Address: aherzdwitz@bergersingerman.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 SEP 23 AM 8:29

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
PITTSBURG GRAND LLC

| | | |
|-----------------------|--|----------|
| Certificate of Status | | 1 |
| Certified Copy | | 1 |
| Page Count | | 03 |
| Estimated Charge | | \$113.75 |

RECEIVED
10 SEP 23 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pittsburg Grand LLC

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

H100002103613
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
SEP 23 AM 8:29

The Articles of Organization for this Limited Liability Company were filed on 09/23/2010 and assigned
Florida document number L10000099490.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pittsburgh Grand LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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 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

H100002103613

H100002103613

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |

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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Dated _____

Alma Herzowitz
Signature of a member or authorized representative of a member

ALMA HERZOWITZ

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H100002103613

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 23 AM 8:29