

L10000100477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

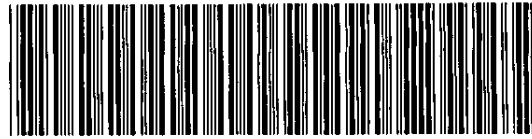
(Business Entity Name)

(Document Number)

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2014 SEP - 8 AM 10:16  
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14 SEP - 3 AM 10:57  
U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20540-0001

SEP 09 2014  
J. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 287070 4301772

AUTHORIZATION :

COST LIMIT : \$ 25.00

*[Signature]*

ORDER DATE : September 5, 2014

ORDER TIME : 9:08 AM

ORDER NO. : 287070-005

CUSTOMER NO: 4301772

DOMESTIC AMENDMENT FILING

NAME: MALVI LLC

EFFECTIVE DATE:

☒ ARTICLES OF AMENDMENT  
☐ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2014 SEP-8 AM 10:17  
CLERK OF SUPERIOR COURT  
JANUARY 11, 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MALVI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO GAZZOLA, ESQ.

Name of Person

PAVIA & HARCOURT LLP

Firm/Company

590 MADISON AVENUE 8TH FLOOR

Address

NEW YORK, NEW YORK 10022

City/State and Zip Code

corporate@pavialaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Lipskky

Name of Person

at (212)

Area Code

508-2370

Daytime Telephone Number

Enclosed is a check 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2014 SEP - 8 AM 10:17  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

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

MALVI 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 September 27, 2010 and assigned  
Florida document number L10000100477.

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 end with 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)**

4220 Pine Tree Drive

Miami Beach, Florida 33140

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4220 Pine Tree Drive

Miami Beach, Florida 33140

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TALLAHASSEE, FLORIDA

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2008 SEP 8 AM 10:17  
 OFFICE OF STATE  
 CLERK  
 101 N. LAUREL ST. 10TH FL.  
 CHICAGO, IL 60602

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

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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 more than 90 days after filing.) (605.0207 (3)(b))

Dated September 2 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mario Gazzola, Esq., authorized representative

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 SEP -8 AM 10:17  
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