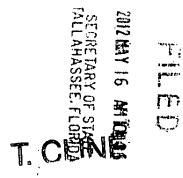
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(Requestor's Name)	,	
(Address)		
(Address)	;	
(City/State/Zip/Phone #)	,	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		Ju:
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MAY 1: 7 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT:	62 W	ooster, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
		Stuart I. Grossman	·	
		Name of Person		
l		Levine Kellogg, et al.		
		Firm/Company		
201 South Biscayne Blvd., 34th Floor		Floor		
Address				
		Miami, FL 33131		
		City/State and Zip Code		
		sig@lkllaw.com		
	E-mail address: (to be used for future annual report	t notification)	
For further information	concerning this matter, please	call:		2012 MAY 16 SECRETARY ALLAHASSE
Stu	art I. Grossman	at (305)	403-8788	2 EAY
Name	of Person	Area Code & D	aytime Telephone Number	
Enclosed is a check for	the following amount:			- 5 5 / →
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	closed) Certified	ng lise, Co

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

62 V	Vooster, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appointed Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on _	March 16, 2011	and assigned	i
Florida document number L11000032411	<u>.</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company h	ere:		
The new name must be distinguishable and end with the word	ds "Limited Liability Com	many " the designation "	U.C." or the abbrev	 ziatior
"L.L.C."	is Diffice Diagnay Con	pany, the designation		
Enter new principal offices address, if applicable:			2012	******
(Principal office address MUST BE A STREET ADDR	ESS)		AHAS	1 (
			16 ARY C	
Enter new mailing address, if applicable:			OF ST	juran.
• • • • • • • • • • • • • • • • • • • •			RATE &	
(Mailing address MAY BE A POST OFFICE BOX)			5 - 6	
	 			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter	the name of the	new
				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	<i>0,</i>			

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

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 Type of Action Title Name Address ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) The Managers of this entity do not have the authority to sell, transfer, or otherwise encumber any real property owned by this entity without the express written consent of all of its members. May 10 2012 Dated_ Signature of a member or authorized representative of a member Edward Leevan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00