Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

Email Address:

ECRETARY OF STATE LAHASSEE, FLORID

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOUNTAINEBLEAU 602, LLC

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OF STATE FLORIDA

2 MAY 17 AM 8: 44

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Corporate Filing Menu

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B. BOSTICK

MAY 1 8 2012 .

EXAMINER

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TAINEBLEAU 602, LLC		
(Name of the Limited Liabilit	y Company as it now app Limited Liability Company	ears on our records.)	**************************************
(A Liottoa	Chilled Clabinty Company	<i>11</i>	
The Articles of Organization for this Limited Liability (Company were filed on _	01/27/2012	_ and assigned
Florida document number L12000013317			
	 -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	<u>ierc</u> :	
			31
The new name must be distinguishable and end with the wo	ords "Limited Liability Con	npany," the designation "LLC	ar the abbreviation
"1L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RECC)		S - 1
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			8: L
Enter new mailing address, if applicable:			
(Mulling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis		n our records, enter the	name of the new
registered agent and/or the new registered office add	iress nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registere	ed 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 a accept the obligations of my position as registered a			
accept the ontigations of my position as registered to being filed to merely reflect a change in the register			
company has been notified in writing of this change.			ŕ
	(If Changian Registered	Agent, Signature of New Regis	dered Agent)
	for attractional sandtenant gra-		

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If amending the Managers or Managing Members on our records, enter the title, name, and nutress of each manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	NEW BEDFORD LTD	C/O DANIEL SPITALNIC 305 BROADWAY 7TH FLOOR NEW YORK, NEW YORK, 10007	Add Remove
MGRM	NEW BEDFORD INC	C/O DANIEL SPITALNIC 305 BROADWAY 7TH FLOOR NEW YORK, NEW YORK, 10007	Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
D. Ifar	nending any other information, c	enter change(s) here: (Attach additional sheets, if ne	cessary.)
			12 MAY I
		`\	
Dated	MAY 16	2012	8: 44 STATE CORIDA
	Signature	of a member or authorized representative of a member DANIEL SPITALNIC	
		Typed or printed name of signes	
		Page 2 of 2	

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