Page 1 of 1



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From:

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Account Number : 074222002135 Phone : (305)789-8900

Fax Number

: (305)789-8953

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Email Address: steven.hadjilogiou@bakermckenzie.com

APR 10

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZAFCO RETAIL NOB HILL LLC

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April 10, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ZAFCO RETAIL NOB EILL LLC 9840 NW 25TH STREET DORAL, FL 33172

SUBJECT: ZAFCO RETAIL NOB HILL LLC

REF: L12000040509

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tailahassee, Florida 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAFCO RETAIL NOB HILL LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L12000040509		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ility company here:	
N/A		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
		3
		E-5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
Enter new mailing address, if applicable:	···	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		m _C
fil. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
	- '	7
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida s	treet address
·	·	orida
	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 his 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

Page 1 of 3

(((H13000079673 3)))

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

Title MGR	Name Zafar Hussain	Address 9840 NW 25TH STREE	Type of Action
		DORAL, FL 33172	Remove
			Add
			Add Rentage
			Render APR 10d AM Construction APR 10d AM Construction APR 57
			Add Remove
			Add Remove

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D.	If amendi N/	, any other information, enter change(s) here: (Attach additional sheets,	if necessary)
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		41 0 2012	<u></u>	
IJа	ned f	r11 9, 2013		
	•	Signature of a member or	authorized representative of a month	ocr ""
		OHAMMAD SULEMAN DA	UD	
	•	Typed or	printed name of signor	

Page 3 of 3

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