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Division of Corporations

Fax Number : (850) 617-6383

From:

8

Account Name : RITTER, ZARETSKY, LIEBER & JAIME

Account Number : I20010000015

: (305)372-0933

Phone Fax Number

: (305)704-8111

Enter the email address for this business entity to be used for fulfure annual report mailings. Enter only one email address please. Olieber Orzilaw. Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CG SUNNY ISLES II LLC

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COVER LETTER

TO:

Registration Section
Division of Corporations

STIR TECT.

CG SUNNY ISLES II 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:

OREN LIEBER, ESQ.

Name of Person

RITTER ZARETSKY LIEBER & JAIME, LLP

Firm/Company

2915 BISVAYNE BLVD., SUITE 300

Address

MIAMI, FLORID 33137

City/State and Zip Code

OLIEBER@RZLLAW.COM

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

For further information concerning this matter, please call:

OREN LIEBER, ESQ.

_{.,},305、372**-**0933

Name of Person

Arca Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Piling 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

CG SUNNY ISLES II LLC

AAU CYBER CAMPUS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	Liability Compar Florida Limited L	ny as it now appears on our recorniability Company)	ds.)
The Articles of Organization for this Limited Lie Florida document number L12000045981	ability Company	were filed on <u>4/3/2012</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	c/o Oren Lieber, Esq.	\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{
(Principal office address MUST BE A STREET	(ADDRESS)	2915 Biscayne Blvd., St	uite 300 📆 🍃 🥂
		Miami, Florida 33137	Tiù Z yann
Enter new mailing address, if applicable:		2915 Biscayne Blvd., S	uite 300
(Mailing address MAY BE A POST OFFICE)	30X)	Miami, Florida 33137	
B. If amending the registered agent and/or registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	Oren Liebe	er, Eq.	
New Registered Office Address:	New Registered Office Address: 2915 Biscayne Blvd., Suite 300		
		Enter Florida st	reet address
	Miami	, Flo	rida 33137
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered 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, Lhereby confirm that the limited liability company has been notified in writing of this change.

Il 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ventoux Holdings LLC	c/o Ventoux Holdings Management L	LC Add
,		80 Riverside Blvd, 4V	Remove
		New York, NY 10069	
MGRM	Meyer Chetrit	512 7th Avenue	🗸 Add
		15th Floor	Remove
		New York, NY 10018	
			Remove
			88 (T
	·		Remove
			<u></u>
	· .		Add
			Remove
			<u> </u>
			Add
			Remove
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f amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
- 	
October 3rd	2013
Sign	native of a member or authorized representative of a member
	thorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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