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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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J. BRYAN

DEC 1 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo		·	s'
SUBJECT:	per East Side Name of Limite	Hianu, LLC ed Liability Company	
	mendment and fee(s) are subridence concerning this matter t	·	MILDEC 10 PM 4: 18
	Kobert Adler G	Name of Person TOUP. TITE.	- FLORIDA F. 18
		Firm/Company NW 107Hh AVE, 5H Address	n FL
	Mianú rsmither Email address: (tr	FL 3317 City/State and Zip Code Codlergroup. Com be used for future annual report notification	m)
For further information con	ncerning this matter, please ca		<i>)</i>
EVA A	belo	at (<u>305)</u> 392-405 Area Code & Daytime Tel	ephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Upper East Side	Mami, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it ndw appears on our re imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed onO\(\frac{4}{10}\)	D12 and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	PE T
Enter new mailing address, if applicable:	<u> </u>	CIO P
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	Fo F
Training matrices (ATT DETT 1 CET CT 1 TCE DOTT)	· · · · · · · · · · · · · · · · · · ·	18 IS
		V
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ds, enter the name of the new
	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
	, , , , , , , , , , , , , , , , , , , ,	Florida Zip Code
	City	zip Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Seth R. Greenberg	2700 Delk Rd, Sinte 100	Add
		Marietta, GA 30067	Remove
			_
MGRM	David S. Adler	1400 nw 1074h Ave, 5th FL	_ 🔀 Add
		Miami, FL 33172	Remove
			
MGRM	Robert M. Smither	1400 NW 1074h AVE, 5th FI	🔀 Add
		Miami, FL 33172	Remove
			
		>	Add
		LLAHA	Remove
		SEE	
			Add Remove Add Remove
			Remove
			_
			_ Add
			Remove

•	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
at	ted December 04, 2012.
	() Mil to
	Signature of a member or authorized representative of a member
	Kobert M. Smuther
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2012 DEC 10 PM 4: 18
SECRETARY OF STATE