

Mar. 22. 2016 3:22PM
Division of Corporations

L12000087888

No. 4644 P. 1
Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: Mitch. Kirschner@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2510 1ST LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

MAR 23 2016

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2016 MAR 22 PM 3:35

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TALLAHASSEE, FLORIDA

2016 MAR 22 A 10:03

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Mar. 22. 2016 3:23PM

H16000 No. 464473-2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2510 1st LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 5, 2012 and assigned
Florida document number L12000087888

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Gray Robinson P.A.

New Registered Office Address: 225 NE Mizner Boulevard, Suite 500

Enter Florida street address

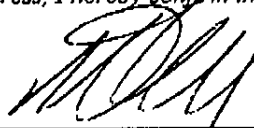
Boca Raton, Florida 33432

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 605, 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

HIL No. 46442 P. 33

MGR = Manager
AMBR = Authorized Member

MGR	Frank Cardaci	324 Alexander Palm Road	<input type="checkbox"/> Add
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_____ ☐ Change

Boca Raton, FL 33432 ☐ Remove

☐ Add

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FURNISHES FLORIDA

H No. 46447, P. 433

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated March 22, 2016

Signature of a member or authorized representative of a member

Frank A. Cardaci

Typed or printed name of signee

Filing Fee: \$25.00

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TAMPA FLORIDA

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