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EXAMINER



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SECRETARY OF STATE
FALLAHASSEE, FLORID.

CORPDIBECT AGE 515 EAST PARK AV TALLAHASSEE, FI 222-1173	/ENUE	merly CCRS)				
FILING COVER ACCT. #FCA-14	SHEET		·			
CONTACT:	<u>Kim Weide</u>	<u>nbach</u>				
DATE:	09/04/12					
REF. #:	001495.1721	129				
CORP. NAME:	BARRISTE	R INVESTMENT HOLDINGS, LI	<u>LC</u>			
() ARTICLES OF INC	ORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION			
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME			
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY			
() REINSTATEMENT		() MERGER	() WITHDRAWAL			
() CERTIFICATE OF	CANCELLATION	N				
() OTHER:						
STATE FEES P	REPAID W	ITH CHECK# 100854	FOR \$ <u>55.00</u>			
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	ED:			
	COST LIMIT: \$					
PLEASE RETU	RN:					
(XX) CERTIFIED C	COPY	() CERTIFICATE OF GOOD STAN	NDING () PLAIN STAMPED COPY			
() CERTIFICATE C	OF STATUS					
Examiner's Initia	ls					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida)	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on	August 31, 2012	and assigned
Florida document number L12000112347	totore *		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and end with the world.L.C."	rds "Limited Liability Corr	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDE	RESS)		<u> </u>
			ASS ASS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address or <u>ress here</u> :	ı our records, <u>enter t</u> i	
Name of New Registered Agent:	A		
New Registered Office Address:			
	Enter Florida street address, Florida		
	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 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, 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>	Name	Address	Type of Action
MGRM	John P. Fulco	118 Laurel Avenue Larchmont, NY 10538	[7] Add Remove
MGRM	Daniel J. Goldberg	59 Glenview Road So, Orange, NJ 07079	✓ Add ☐ Remove
MGRM	Seth R. Gottlieb	300 Newark Street Unit 4D Hoboken, NJ 07030	
MGRM	Burt Lewis	176 East 76th Street New York, NY 10075	Add Remove
MGRM	Richard H. Lewis	58 Grevstone Road Rockville Centre, NY 11570	✓ Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	Add Remove
_			
			
Dated	August 31	A. Hundel Jr.	
	Signature	of a member or authorized representative of a member	
		Vincent J. Handal, Jr. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00