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13 JUN 11 PM 4:45
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 12 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9116 PARTNERS, LLC
Name of Limited Liability Company

FILED
13 JUN 11 PM 4:45
TALLHASSEE, FLORIDA
DIVISION OF CORPORATIONS

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD WASERSTEIN
Name of Person

Firm/Company

1124 KANE CONCOURSE
Address

BAY HARBOR ISLANDS, FL 33154
City/State and Zip Code

WAS913@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD WASERSTEIN at **(305) 861-8000**
Name of Person Area Code & Daytime Telephone 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**

9116 PARTNERS, 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 1/22/13 and assigned
Florida document number L13000011000

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CLERK OF THE COURT
STATE OF FLORIDA

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 end with 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)

1124 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1124 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

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: _____

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:

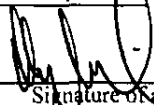
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|------------------------------|--|
| MGRM | RICHARD WASERSTEIN | 1124 KANE CONCOURSE | <input checked="" type="checkbox"/> Add |
| | | BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Remove |
| MGRM | SOPHIE LUPOWITZ | 10155 COLLINS AVE #1404 | <input type="checkbox"/> Add |
| | | BAL HARBOUR, FL 33154 | <input checked="" type="checkbox"/> Remove |
| MGRM | HARVEY BLOCH | 6724 CASA GRANDE WAY | <input type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33446 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH
FLORIDA

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 10, 2013



Signature of a member or authorized representative of a member

Richard Waserstein

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SHERIFF'S OFFICE
FALL RIVER, FLORIDA