## U3000018304

| (Re                     | questor's Name)    |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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JUL 1 7 2015 S. YOUNG

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| NEW SOR SUBJECT:                       | OS 2 LLC                                     |   |  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  | - <u></u>  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspondence       | ondence concerning this matter               | to the following:   |  |
|  | ILEANA NOA                                   |   |  |
|  |  | Name of Person  |  |
|  | CONCORDE LAND TITI                           | LE SERVICES, INC.   |  |
|  |  | Firm/Company  |  |
|  | 134 \$. DIXIE HIGHWAY                        | #110  | 福 五  |
|  |  | Address   | (  |
|  | HALLANDALE BEACH,                            | FL 33009  | 1  |
|  |  | City/State and Zip Code   | 7  |
|  | INOA@CONCORDELTS.                            |   |  |
|  | ·  | to be used for future annual report notifi-                         | cation)  |
| For further information of             | concerning this matter, please co            | all:  |  |
| ILEANA NOA                             |  | 305 356-8403  |  |
| Name o                                 | of Person                                    | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for t              | he 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

| NEW SOROS 2 LLC  |  |
|--|--|
| (Name of the Limited Liabilit<br>(A Florida  | ity Company as it now appears on our records.)<br>a Limited Liability Company) |
| The Articles of Organization for this Limited Liability C Florida document number L13000018304         | Company were filed on JUNE 10, 2013 and assigned and assigned                  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limit   | ited liability company here:   |
| The new name must be distinguishable and contain the words "Lim  | nited 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 ADDR  | RESS)  |
|  | ं ् द्वा   |
| Enter new mailing address, if applicable:  | <u> </u>   |
| (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 | stered office address on our records, enter the name of the new<br>ress here:  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | , Florida  |
|  | City Zin 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | Address                  | Type of Action       |
|--------------|-----------------------|--------------------------|----------------------|
| MGRM         | ORSO GIORDI LOCATELLI | 1920 N. COMMERCE PARKWAY | □ Add                |
|              |                       | WESTON, FL 33326         | ■ Remove             |
|              |                       |                          | □ Change             |
| MGR          | LUCA PICCOLO          | 1920 N. COMMERCE PARKWAY | ≅ Add                |
|              |                       | WESTON, FL 33326         | □ Remove             |
|              |                       |                          | ☐ Change             |
| <del></del>  |                       |                          |                      |
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| ffective date, if other than the date of  | filing:  | (optional)                            | <b>)</b>                                |
| ffective date, if other than the date of an effective date is listed, the date must be specific | ic and cannot be prior to date of filin                  | g or more than 90 days after filing   | ,.) Pursuant to 605.0207                |
| Note: If the date inserted in this block does locument's effective date on the Department       | not meet the applicable statutory to of State's records. | filing requirements, this date        | _                                       |
|   |  |                                       |   |
| e record specifies a delayed effecti  | un data, but not an official                             | ivo timo ot 17,01 p.m.                | an the anglian of                       |
| The 90th day after the record is fi   | ve date, but not an enect<br>led.                        | ive time, at 12:01 a.m.               | on the earlier of                       |
| ,   |  |                                       | 10 To                                   |
| JULY  | 2015   |                                       | 1                                       |
| Dated   | —, <u> </u>  |                                       | 71.2                                    |
|   |  |                                       | , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
|   | ///  |                                       |   |
| Signature   | of a member or authorized represer                       | ntative of a member                   | سد ان<br>دی آن <del>یر</del>            |

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Filing Fee: \$25.00