(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
Ų . <u></u>		
	(0)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nami	e)
(4.4		-,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
apooliii mendellono lo	· imig otheor.	





500291004305

12/15/16--01021--001 **25.00

2016 DEC - 1 PM 12: 32 RECEIVED

S Warren DEC 1 5 2016





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2016

FRANK ZOKAITES 375 GOLFSIDE DRIVE WEXFORD, PA 15090

SUBJECT: OB REAL ESTATE HOLDINGS 1732, LLC

Ref. Number: L13000029596

We have received your document for OB REAL ESTATE HOLDINGS 1732, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00025732

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Articles of Ai	Name of Lim nendment and fee(s) are subsence concerning this matter Frank Zokaites	ited Liability Company mitted for filing. to the following:	
Articles of Ai	Name of Lim mendment and fee(s) are sub- ence concerning this matter	ited Liability Company mitted for filing. to the following:	
	ence concerning this matter	Name of Person Firm/Company Address City/State and Zip Code (to be used for future annual report notification) call:	
	ence concerning this matter	to the following:	
II correspond		•	
	Frank Zokaites		
		Name of Person	
		Firm/Connerv	
		1 irm/Company	
	375 Golfside Drive		
	1	Address	
	Wexford, PA 15090		
	frank@zokaites.com	City/State and Zip Code	
	_	to be used for future annual re	port notification)
ormation con	cerning this matter, please ca	all:	
s		412 889 -	5744
Name of F	erson	Area Code	Daytime Telephone Number
heck for the	following amount:		
ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
:	Name of P	Wexford, PA 15090 frank@zokaites.com E-mail address: (frank@zokaites.com Description and the companies of the following amount: The companies of the following amount:	Address Wexford, PA 15090 City/State and Zip Code frank@zokaites.com E-mail address: (to be used for future annual resormation concerning this matter, please call: S 412 889- at (

MAILING ADDRESS:

TO:

Registration Section

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

OB Real Estate Holdings 1732, 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 February 26, 2013 and assigned Florida document number L13000029596 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 "LLC." 375 Golfside Drive Enter new principal offices address, if applicable: Wexford, PA 15090 (Principal office address MUST BE A STREET ADDRESS) 375 Golfside Drive Enter new mailing address, if applicable: Wexford, PA 15090 (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: Jeffrey M. Siskind Name of New Registered Agent: 525 S. Flagler Drive, Ste. 500 New Registered Office Address: Enter Florida street address

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.

City

West Palm Beach

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized	orized to manage, <u>enter the title,</u>	name, and address of each person	being added
or removed from our records:	e.		
***	4 - • •		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Siskind, William	525 S. Flagler Drive, Ste. 500	
		West Palm Beach, FL 33401	■ Remove
			Change
MGR	Zokaites, Frank	375 Golfside Drive	■ Add
		Wexford, PA 15090	□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Change
		Y OF STATE	ES G L
		* * * * * * * * * * * * * * * * * * *	Remove

•		•	• • • •				
			, 			.	
				 		<u> </u>	
					· 		
							
				, ,,,, ,			
		· · · · · · · · · · · · · · · · · · ·					
						<u> </u>	
						_	
ective date, if othe	er than the date	of filing:			(option	al)	
effective date is listed	I, the date must be sp	ecific and cannot b	e prior to date of f	ling or more than	90 days after fil	ing.) Pursu	ant to 605.
e: If the date insert ument's effective date				ory filing requi	ements, this d	ate will no	ot be liste
	on an Separati						
				_£: £:			مناسمت م
record specifies he 90th day afte			ut not an effe	ctive time, a	ar iz:ni a.r	n. on th	ie eariie
ne John day arti	c, the record is) IIICO+					
November 28		2016				~3	
ed		,	 ,		ار مار داران	2815	
	1.1	1	1		المارية الإراكة	一贯	म
	11/11/	1.1					
 ·							
	Signa	ture of a member of	or authorized repro	sentative of a me	mber 3	=	m

Page 3 of 3

Filing Fee: \$25.00