

L13000082211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

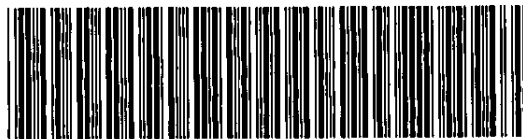
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 12 2013
EXAMINED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Provest Forrest Oaks, LLC

Signature _____

Requested by: SETH

09/11/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ✓ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Provest Forrest Oaks 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 June 6, 2013 and assigned
Florida document number L13000082211.

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)

1750 Farm to Market Road

Coxsackie, New York

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1750 Farm to Market Road

Coxsackie, New York

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TALLAHASSEE, FLORIDA

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:

<u>Name of New Registered Agent:</u>	<u>Marc Birnbaum</u>
<u>New Registered Office Address:</u>	<u>1041 Ives Dairy Road, Suite 238</u>
	<i>Enter Florida street address</i>
	<u>Miami</u> , <u>Florida</u> <u>33179</u>
	<i>City City Zip Code</i>

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	CV Holdings II LLC	9 Island Avenue, Suite 1208 Miami Beach, Florida 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ostermeier LTD	9 Island Avenue, Suite 1208 Miami Beach, Florida 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Provest Properties LLC	9 Island Avenue, Suite 1208 Miami Beach, Florida 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Provest Management LLC	1750 Farm to Market Road Coxsackie, New York 12051	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September, 2013.

Mark Salomon

Signature of a member or authorized representative of a member

Mark Salomon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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