## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number : (845)818-3588

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	FLORIDA	annual report mailings. Enter only one email address please;  Email Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  COLLINS AVENUE INVESTORS LLC

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLLINS AVENUE INVESTORS LLC

\*\*Enter the email address for this business entity to be used for future

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Certificate of Status	0
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Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collins Avenue I	investors LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	-
The Articles of Organization for this Limited Liability Company were	Liability Company were filed on 08/07/2013 and assigned	
Florida document number L13000111844		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	ability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	□iù □c.	نن٠ 
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Enter new mailing address, if applicable:		There I if I like
Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	nddress on our records, enter the	name of the ney
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Ciŋ	v 2	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

MGR = Manager

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:

MGRM = Managing Member <u>Title</u> Name Address Type of Action **MGRM** KLEIN, ISAAC 156 BEACH 9TH STREET FAR ROCKAWAY, NY 11691 1407 BROADWAY SUITE 503 **MGRM** SHEHEBAR, GABIEL I NEW YORK, NY 10018 Remove 3 Remove Remove Remove

October 25th	2013
October 25til	
Signa	ture of a member of authorized representative of a member
	ture of a member of authorized representative of a member
	Typed or printed name of signee

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