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COVER LETTER

TO: Registration of Division of	on Section Corporations
Majes SUBJECT:	tic Midtown, LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Daniel Cohen
	Name of Person
	Majestic Midtown, LLC
	Firm/Company
	7200 W Camino Real Suite 200
	Address
	Boca Raton, FL 33433
	City/State and Zip Code
	jill@privcapcompanies.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Daniel Cohen	561 952-2501 at ()
Na	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

MAJESTIC MIDTOWN, LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	· /**	-
Enter new principal offices address, if applicable:		0.00	
<u>(Principal office address MUST BE A STREET ADDR</u>	<u></u>		
Enter new mailing address, if applicable:	<u> </u>	21	=
(Mailing address MAY BE A POST OFFICE BOX)		i d	-
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the r	<u>1ew</u>
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida street address		-
	, Florida_		_
<u></u>	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>	<u>Address</u>	Type of Action		
MGR	ISRAELA HERSKOVITZ	20229 OCEAN DRIVE	Add		
		BOCA RATON, FL 33498	■ Remove		
		 	Change		
			Add		
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If an effective date is	f other than the da s listed, the date must b	e specific and ca	annot be prior	o date of filing	or more than 9	option: O days after file	ng.) Pursuant to 6	05.0207
	inserted in this block tive date on the Depa			ble statutory	filing require	ments, this da	ate will not be li	sted as
	ifies a delayed e y after the recor		te, but not	an effecti	ve time, al	: 12:01 a.n	n. on the ear	lier of:
Dated DECEMB	ER 22		2016					
		,		- '				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00