13000124141

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2815 NGV 25 AM 9: 08

2815 NOV 25 PH 1: 56

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 843429 8069473

AUTHORIZATION :

COST LIMIT : \$ 25 No.0

ORDER DATE: October 23, 2015

ORDER TIME : 12:04 PM

ORDER NO. : 843429-010

CUSTOMER NO: 8069473

DOMESTIC AMENDMENT FILING

NAME: 4523 CADIZ, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration So Division of Cor				
CUBEC	4523 Cac	liz, I.LC			
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			Name of Person		
			Firm/Company		
			Address		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notil	lication)	
For furth	her information c	oncerning this matter, please co	all:		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional 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

FILED

1 1 Sept 1 19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 NOV 25 AM 9: 08

(Name of the Lim	4523 C hited Liability Camps (A Florida Limited	Any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L13000124747	Liability Company	were filed on $9/13/13$ and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liah	<u>ility company here</u> :	
The new name must be distinguishable and end with the	a warde "Limited List	pility Company," the designation "LLC" or the abbreviation "L.L.C."	
		5670 Wilshire Blvd.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Suite 1410	
		Los Angeles, CA 90036	
Enter new mailing address, if applicable:		Tom Engell c/o The Rocher Group	
(Mailing address MAY BE A POST OFFICE BOX)		5670 Wilshire Blvd., Suite 1410	
		Los Angeles, CA 90036	
		ffice address on our records, enter the name of the $\underline{\mathbf{c}}$:	
	Corporation	Service Company	
Name of New Registered Agent:			
	Corporation		
		Street	

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

Page 1 of 3

Melissa Zender Asst. Vice President If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or . Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Las Re Holdings, LLC	5670 Wilshire Blvd.	■ Add
		Suite 1410	Remove
		Los Angeles, CA 90036	
MGR	Las Re Holdings. LLC	4515 Cadiz Circle	
		Palm Beach Gardens, FL 33418	■ Remove
			, A &
	49	**************************************	□ Add
			☐ Remove
			D Add
			☐ Remove
			5
			🗅 Add
			Remove
			□ Add
			□ Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Effective	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date th	ris document is filed by the Florida Department of State)
Dated _/	Darron 142 18 3015.
	Lin Louri Man
	Signature of a member or authorized representative of a member
	Lisa Lewis
	Lyped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



COVER LETTER

TO:	Registration So Division of Cor			
end in	4523 Cac	liz, LLC		
SCHOL		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm:Company	
			ritmi Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication
For furth	ier information c	oncerning this matter, please co	all:	
			at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Tolephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Tallahassee, FL 32314

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