L13000129068

(Red	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	#)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp	oorations		
SUBJECT: Se.	s'ame St Name of Limit	ed Liability Company	ling, IIC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	-	
	Natal	Name of Person	
	Sesame	Street Bu	ilding 110
		Leview Drive	
		Address	
	miami	Beach, Fl	33140
	Natalia.	City/State and Zip Code Pyr, gayman be used for future annual report notificati	· L. com
			ion)
	oncerning this matter, please ca		
Nat	alio Pyri	at (305) 761 4 Area Code & Daytime Te	884
Name of	Person /	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

. ARTICLES OF ORGANIZAT	
Sesame Street Liab	lding, 110
Segame street diab	120
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
	2/ / .
The Articles of Organization for this Limited Liability Company were filed on	9/12/2013 and assigned
Florida document number <u>L 13000129068</u>	
Piorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and end with the words "Limited Liability Comp. "L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·
	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u>- 28 8 - </u>
	<u> </u>
	ASS T
70	me m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	를 ~ · · ·
	
D. If any district the market and and and are described affine address and	our records arter the name of the nav
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the nev
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Fłorida

Zip Code

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 Type of Action **Address** <u>Title</u> <u>Name</u> Miami Boach Remo Remove Remove Remove Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	Oct. 1st 2013
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

FILED

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