# 13000144697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500259101055

04/24/14--01021--020 \*\*25.00

APR 29 2014 T CLINE

2014 ÁPR 24 PH 12: 13

# KOCHMAN & ZISKA PLC

Ronald S. Kochman\* Maura A. Ziska

Marvin S. Rosen, Counsel •

- \*Also admitted in New York
- · Also admitted in Michigan

Esperanté 222 Lakeview Avenue, Suite 1500

Telephone: (561) 802-8960 Facsimile: (561) 802-8995

West Palm Beach, Florida 33401

April 23, 2014

VIA FEDERAL EXPRESS Registration Section Division of Corporations Clifton Building 2661 Executives Center Circle Tallahassee, FL 32301

Re: 210 Onondaga, LLC

Dear Sir/Madam

Enclosed please find Articles of Amendment for Articles of Organization for 210 Onondaga, LLC, amending the registered agent information, adding a new manager and deleting the previous manager. Also enclosed lease find this Firm's check in the amount of \$25.00..

Thank you for all of your assistance. Should you have any questions please don't hesitate to contact me.

A Florida Professional Limited Liability Company Including Professional Associations

Very truly yours,

Lydick E. Logsh

Judith E. Logsdon, CP, FRP

JEL/

Enclosure as stated cc: Maura Ziska Meredith Cryer

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: 210 C	nondaga, LLo	C		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Judith E. Lo	gsdon, CP, FRP		
		Name of Person		
	Kochman &	Ziska PLC		
		Firm/Company	<del> </del>	
	222 Lakevie	w Avenue, Suite	1500	
		Address		
	West Palm I	Beach, FL 33401		
		City/State and Zip Code	2011	
	mziska@floridaw	to be used for future annual report notifice	ation)	الاندان الوجي
For further information co	ncerning this matter, please ca	•	124 1AN 1AN 1AN 1AN 1AN 1AN 1AN 1AN 1AN 1AN	-
Judith E. Lo	-	 at (561 802-89	2014 APR 24 TH 12: 1-  SECORE TARK OF STATE  ALL AND SECOND TO SEC	
Name of	Person		elephone Number	
			्रन	
Enclosed is a check for the	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 OF

(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I. Florida document number <u>L13000144697</u>	Liability Company were filed on 10/	14/2013 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	<b>:</b>
he new name must be distinguishable and end with the	e words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		720
Enter new mailing address, if applicable:		2014 APT
Mailing address MAY BE A POST OFFICE BOX)		元 元 元 元 元 元 元 元
		M2 1
		112: 112:
3. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	Maura Ziska	- · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	222 Lakeview Avenue, Sui	te 1500
		a street address
	West Palm Beach	, Florida 33401 Zip Code
	City	гір Соае

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

210 Onondaga, LLC

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 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 **Address Type of Action** Mgr Maura Ziska 222 Lakeview Avenue Add **Suite 1500** □ Remove West Palm Beach, FL 33401 Wilbur L Ross 210 Onondaga Avenue Mgr □ Add Palm Beach, FL 33480 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove □ Add

Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated April 22  MOLLIO ZIAC		Signature of a member or authorized represen	itative of a member
Effective date, if other than the date of filing: (optional)	he date this document is filed by the Flo	orida Department of State)	innot be more than 90 days after
	ffective date, if other than the	date of filing:	(optional)

Page 3 of 3

Filing Fee: \$25.00