Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AM 280 SIERRA DRIVE LLC**

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EXAMINER

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Corporate Filing Menu

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10/16/0012

12-16-13: 12:58PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 DEC 16 AM 9: 20 SECRETARY OF GRATE TALLAHASSEE, FLORIDA

· ··	M 280 Sierra Drive LLC	
(<u>Name of the Limited Liah</u> (A Flor	nility Company as it now appears on our records.) ida Limited Liability Company)	· · · · ·
The Articles of Organization for this Limited Liabili	ity Company were filed on 11/1/2013	and assigned
Florida document number L13000153854	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>enter t</u> <u>address here</u> :	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
_	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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>Address</u> Type of Action Title. Name Alfons Melohn 145 West 57th Street, 9th Floor **MGRM** New York, NY 10019 Remove 145 West 57th Street, 9th Floor Add Alfons Melohn MGR New York, NY 10019 Remove Remove Remove Remove

4/ 4

D. If amending any other informati	on, enter change(s) here: (Attach ad	13 DEC 16 AH 9: 20 ditional sheets, is the property of STATE TALLAHASSEE, FLORID;
Dated December 16		
Signa	And Moiso Aure of a member or without ded represent	alive of a member

Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00