L1400058819

(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



200258933952

SUPPLIED TO THE STATE OF THE ST

APR 1 6 2014 T CLINE 2014 FPR 15 AH 8#.58
SECRETARY OF STATE,
TALL AHASSEF OF STATE



ACCOUNT NO. : 12000000195

REFERENCE 1: 4301463 COST LIMIT : \$ 25.00 ORDER DATE: April 15, 2014 ORDER TIME : 12:58 PM ORDER NO. : 095326-005 CUSTOMER NO: 4301463 DOMESTIC AMENDMENT FILING NAME: 736 OPERATING 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: Susie Knight -- EXT# 52956 EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

736 OPERATING LLC		
(Name of the Limited Liabili (A.Florid	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000058819		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation	
		2014 SEC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	r
		<u> </u>
Enter new mailing address, if applicable:		FS R
(Mailing address MAY BE A POST OFFICE BOX)		E S
B. If amending the registered agent and/or regi		r the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u> </u>	, Florida _	
	City	Zip 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 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

	<u>Name</u>	Address	Type of Action
	Robert K. Cohen	29 Cherry Lawn Blvd.	Add
		New Rochelle, NY 10804	Remove
			
GR Kim Cannon	Level 40 Riverside Centre	_ 🚺 Add	
	123 Eagle Street	Romove	
	Brisbane QLD 4000 Australia	_	
BR Cannon World PTY Limited as trustee for the Cannon World Trust 2	Level 40 Riverside Centre	Add	
	Brisbane QLD 4000 Austral:	Remove	
₹	Cannon World Proprietary Li	mited Level 40 Riverside Centre	Ladd
	· as trustee for the Cannon World Trust	Brisbane QLD 4000 Austral	
			200
		Remove	
			66

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Processing and the second of t
	Commission some some some some some some some some
E. Effec	ctive date, if other than the date of filing:
Dated	4-14-2014 Signature of a member or authorized representative of a member
	ROBERT IX. COHEN Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2014 APR 15 AM & 50