L14000116002

9/26/2017 Division of Corporations

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 : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

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

Email Address: NADYA.USOVICH@ptax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CAPCAKE REAL ESTATE, LLC

Certificate of Status	0
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K. SALY

SEP 27 2017

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1/1

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2017 SEP 26 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CAFCAKE REAL ESTATE, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/23/2014 and assigned Florida document number L14000116002.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2875 NE 191 STREET SUITE 601
AVENTURA, FL 33180

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2875 NE 191 STREET SUITE 601
AVENTURA, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:
Enter Florida street address

City, Florida *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 a provisions of all statutes relative to the proper and complete performance of my duties, and I an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. C being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.

09/21
Emailed to Sign

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	TAIR WEKSELMAN	2875 NE 191 STREET	☐ Add
		SUITE 601	☐ Remove
		AVENTURA, FL 33180	■ Change
MBR	STEVE ERDMAN	10470 SANTA MONICA BLVD	☐ Add
		SUITE 402	■ Remove
		LOS ANGELES, CA 90025	☐ Change
MBR	TAIR WEKSELMAN	2875 NE 191 STREET	☐ Add
		SUITE 601	☐ Remove
		AVENTURA, FL 33180	■ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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CLERK OF CIRCUIT COURT
LEON COUNTY, FLORIDA

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2017 SEP 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 09 21 2017

Signature of a member or authorized representative of a member

TAIR WEKSELMAN

Typed or printed name of signee