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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

JUL 01 2015
D. BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 690106 82474A

AUTHORIZATION :

COST LIMIT : \$ 60.00

ORDER DATE : June 30, 2015

ORDER TIME : 10:07 AM

ORDER NO. : 690106-005

CUSTOMER NO: 82474A

DOMESTIC AMENDMENT FILING

NAME: AV MANDALAY LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **AV MANDALAY LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Feldman, Esq.

Name of Person

Paul Feldman, P.A.

Firm/Company

2750 NE 185th Street, Suite 203

Address

Aventura, FL 33180

City/State and Zip Code

paul@feldmanclosings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Feldman

at (305) 931-0433

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FLORIDA

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AV MANDALAY LLC

Page 1 of 3

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TALLAHASSEE, FLORIDA
Attorney General's Office

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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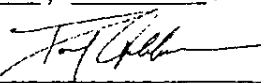
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(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 March 16, 2015



Signature of a member or authorized representative of a member

PAUL FELDMAN, Esq.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA