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WIL 01 2015 13. SRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

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CONTACT PERSON: Courtney Williams -- EXT# 62935

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 690106 82474A
AUTHORIZATION: Spelle le man
COST LIMIT : \$60.00
ORDER DATE : June 30, 2015
ORDER TIME: 10:07 AM
ORDER NO. : 690106-005 ARR 30 TAR
CUSTOMER NO: 82474A
ORDER NO.: 690106-005 CUSTOMER NO: 82474A DOMESTIC AMENDMENT FILING 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:

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co					
	IDALAY ŁLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Paul Feldman, Esq.				
		Name of Person			
	Paul Feldman, P.A.				
		Firm/Company			
	2750 NE 185th Stree	et, Suite 203	MLL	2015 SFC	
		Address	P	r =	
	Aventura, FL 33180		ASSE	SECRETARY	
		City/State and Zip Code	رند. کرنن	ਜ਼ੁਰੂ	$\overline{\mathbf{m}}$
	paul@feldmanclosing	=	(T)	3 2	
For further information	concerning this matter, please c	to be used for future annual report notifiall:	D C	D 12: 03	
Paul Feldman		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)	Section \$60.00 Filing Certificate of Certified Contact (additional copy)	f Status & Py	

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

AV MANDALAY LLC	
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000138168</u>	ere filed on 09/04/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
AV SARATOGA 360, LLC	
The new name must be distinguishable and end with 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)	
Enter new mailing address, if applicable:	2015 SECR
(Mailing address MAY BE A POST OFFICE BOX)	HE N
_	SEE. TO
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Name	Address	Type of Action
		□ Add
		□ Remove
		Add
		□ Remove
		2015 J
		2015 JUN BO FOR SECRETARY OF STALLAHASSEE, FL
		To Remove
		TORETARY OF STATE LAHASSEE, FLORIDA
		Add
	 	Remove
***************************************		Add
	 	□ Remove
	-	
		Add
		Петоче

•	e: (Attach additional sheets, if necessary.)
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or fee date this document is filed by the Florida Department of State)	(optional) Tited date and cannot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) filed date and cannot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) filed date and cannot be more than 90 days after
ated March 16 , 2015 Ated Tipe March 16 , 2015	(optional) filed date and cannot be more than 90 days after orized representative of a member
To Table	

Page 3 of 3

Filing Fee: \$25.00

2015 JUN 30 P 12: 03
SECRETARY OF STATE
TALL A HASSEE, FLORIDA