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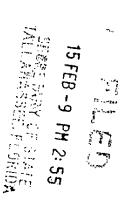
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COVER LETTER

TO:	Registration Sec Division of Corp				
		MA MANHATTAN PLATINUM 5 LLC			
SUBJECT:Name of Limited Liability Company					
The enc	losed Articles of A	Amendment and fee(s) are submitted for filing.			
Please r	eturn all correspor	ndence concerning this matter to the following:			
		JONATHAN KUSHNER			
		Name of Person			
		KSDT & COMPANY			
		Firm/Company			
		9300 S DADELAND BLVD STE 600			
		Address			
		MIAMI, FL, 33156			
		City/State and Zip Code			
		JKUSHNER@KSDT-CPA.COM E-mail address: (to be used for future annual report notification)			
For furt	her information co	oncerning this matter, please call:			
RON	ABRAHAM	305 670-3370			
	Name of				
Enclose	d is a check for the	e following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAGSHAMA MANHATTAN PLATINUM 5 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 09/12/2014	and assigned
Florida document number L140000143058	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
HAGSHAMA MANHATTAN 5 PLATINUM 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:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
	** t,
B. If amending the registered agent and/or registered office address on our records, en registered agent and/or the new registered office address here:	ter the name of the new
registered agent and/or the new registered office address here.	三 黨 5
Name of Name Decisional Accord	
Name of New Registered Agent:	A Profession Laborator
New Registered Office Address:	9 1 1
Enter Florida street address	
, Florida	2 2 2
City	izip Cojik
New Registered Agent's Signature, if changing Registered Agent:	*

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.

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

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>	Address	Type of Action	
			□ Remove	
			□ Add	
			□ Remove	
			□ Remove	
			Remove	
			Add	
			Remove	
			☐ Add	
			Remove	

. If amending any other	r information, enter chan	nge(s) here: (Attach addit	ional sheets, if necessary.)
. 	the state of the s		
Effective data if other	r than the date of filing: _		(optional)
(The effective date must be	specific, cannot be prior to date of illed by the Florida Department of	f receipt or filed date and cannot	
Dated 29TH OF JA	NUARY , 2	2015	
	Signature of a men	nber or authorized representativ	e of a member
HANANIA	SHEMESH		
-	Tv	med or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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