114000183674

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------|--------------------------------------|--|---|---|
| CHD II | | lty Services of New York, LLO | 3 | |
| SUBJE | .CT: | Name of Limi | ited Liability Company | |
| The en | closed Articles of a | Amendment and fee(s) are sub- | nitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | Gary T. Stiphany | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 80 S.W. 8th Street, Suite 3 | 100 | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | Miami, Fl 33130 | | |
| | | | City/State and Zip Code | |
| | | gary@stiphanylaw.com | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fur | ther information co | oncerning this matter, please ca | ıll: | |
| Gary T | Г. Stiphany | | 305 536-8882 at () | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| □ \$2. | 5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pioneer Realty-Services of New Yor | rk, LLC | | | | | |
|---|--|--|------------------|-----------------|---------------|-------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appears on our re Liability Company) | cords.) | | | |
| the Articles of Organization for this Limited Liability Company were filed on December 1, 2014 and assigned to rida document number L14000183674 This amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Anter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33130 | | | | | | |
| | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation | "LLC" or the abl | breviation "L | .L.C." | _ |
| Enter new principal offices address, if applicable: | | 80 SW 8 Street, Suite 310 | 0 | | | _ |
| | | Miami, Florida 33130 | | | | _ |
| | | | | | 5 | |
| Enter new mailing address, if applicable: | | 80 SW 8 Street | | 注 表 | 0EC -9 | |
| (Mailing address MAY BE A POST OFFICE | BOX) | Miami, Florida 33130 | | | - | |
| | | | cords, enter | the name | ເກ | : <u>пе</u> w |
| Name of New Registered Agent: | Gary T. Stipha | ny | | | | _ |
| New Registered Office Address: | 80 SW 8 Stree | <u></u> | | | | |
| | | Enter Florida street d | | | | |
| · | Miami | City | _, Florida _33 | 130 Zip Code | | |
| | | Cuy | | Zip Coae | | |

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

Page 1 of 3

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 |
|-------------|----------------|---------------------------|----------------|
| MGR | Mark Franzbiau | 673 NW 110 Avenue | |
| | · | Plantation, Florida 33324 | □ Remove |
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Page 2 of 3

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| Note: If the date is | other than the date of a listed, the date must be specifinserted in this block does twe date on the Department | not meet the applic | able statutory lilin | (option ore than 90 days after fi g requirements, this o | 1al) iling.) Pursuant to 605.0 date will not be listed | 207 (as t |
| | lfies a delayed effecti | ive date, but no lled. | ot an effective t | ime, at 12:01 a. | m, on the earlier | of: |
| he record speci The 90th day | Bittle tile record to it | | | | | |
| he record speci The 90th day | 2/5/16 | , 2016 | 7. 7.25 | | | |
| The 90th day | 2/5/16 Mad 14. | 2016 2016 of a member or auth | 11/15 | e of a member | | |

Page 3 of 3

Filing Fee: \$25.00