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FILED

15 FEB -6 MI II: 08
SECRETARY OF STAILS
TALLAHASSEE, FLORING
S. YOUNG
S. YOUNG

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

ACCOUNT NO. : I2000000195

REFERENCE: 493189 8033404

AUTHORIZATION

COST LIMIT : (\$\25.00

ORDER DATE : February 6, 2015

ORDER TIME : 1:13 PM

ORDER NO. : 493189-005

CUSTOMER NO: 8033404

DOMESTIC AMENDMENT FILING

NAME: BLUE ONXY 639 33 STREET LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Se Division of Cor		
Blue On	xy 639 33 Street LLC	
SUBJECT:	Name of Lin	nited Liability Company
		,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Steve Rosenthal	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	Steve Rosenthal La	w PA
		Firm/Company
	One Southeast Thir	d Avenue, Suite 2900
		Address
	Miami, FL 33131	
		City/State and Zip Code
	Steve@steverosenth	(to be used for future annual report notification)
For further information e	oncerning this matter, please c	all:
Steve Rosenthal		700 070 0404
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee &
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C. (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Blue Onyx 639 33 Street LLC	•	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADDRES.	<u>S)</u>	<u> </u>
		FILI FEB -6 CRETARY LAMASSI
Enter new mailing address, if applicable:	**************************************	
(Mailing address MAY BE A POST OFFICE BOX)		11: 08
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florido
	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Blue Onyv 639 33 Street LLC

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

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 **Type of Action** Address Title <u>Name</u> □ Add □ Add _____ Remove □ Add φ EFFORMA BESTATE 80 & ME □ Remove _□ Add _____ □ Remove _____ □ Remove

If amending any other information,	enter change(s) here: (Attach a	additional sheets, if necessary.)
	And the state of t	
		A A A A A A A A A A A A A A A A A
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida I	prior to date of receipt or filed date and ca	(optional) annot be more than 90 days after
Dated February 5,	2015	
Strate	ature of a member or authorized represer	
Steven Rosenthal	nuic of a member of authorized represer	nauve of a member
Giovan Maganinal	Typed or printed name of sig	nec

Page 3 of 3

Filing Fee: \$25.00