

03/11/2015 09:15 FAX

Division of Corporations

L15000039 123

004

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000061655 3)))



H150000616553ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BAKER & MCKENZIE
Account Number : 074222002135
Phone : (305)789-8900
Fax Number : (305)789-8953
Our file # : 10073863 50299026-000001

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cecilia.reategui@bakermckenzie.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 11 AM 8:08

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPERA TOWER 4514 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2015 MAR 11 AM 8:08
((H15000061655 3)))SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFOPERA TOWER 4514 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 March 03, 2015 and assigned
Florida document number L15000030123

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)c/o 2100 Salzedo StreetSuite 303Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)c/o 2100 Salzedo StreetSuite 303Coral Gables, FL 33134B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Elliot I Lowenstein

New Registered Office Address:

2100 Salzedo Street, Suite 303

Enter Florida street address

Coral Gables

, Florida

33134

City

Zip Code

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.Elliot I Lowenstein
If Changing Registered Agent, Signature of New Registered Agent

((H15000061655 3))

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>
MGR	Gary Lazarus	4 Monument Square, Apt. 2	☒ Add
		Charlestown, MA 02129	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

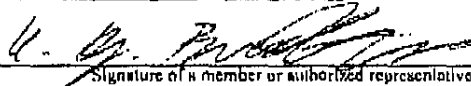
((H15000061655 3))

(((H15000061655 3)))

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 7 2015



Signature of a member or authorized representative of a member

Charles Gregory Brandtner, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 MAR 11 AM 8:08
 SECOND FLOOR OF STATE
 TALLAHASSEE, FLORIDA

FILED

(((H15000061655 3)))