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(((H170001614483)))



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To:

Division of Corporations

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From:

: PADULA BENNARDO LEVINE, LLP Account Name

Account Number : 120160000061

: (561)544-8900

Fax Number

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ljc@pbl-law.com

LLC AMND/RESTATE/CORRECT PR M/MG RESIGN 321 NORWOOD TERRACE LLC

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06/16/2017 10:22 AM PDT

TO:18506176383 FROM:5615448999

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



assigned

321 NORWOOD TERRACE LLC

(Name of the Limited Lighility 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 03/18/2015	_ and
Florida document number L15000049344	

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."		
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)		

B. 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:		
New Registered Office Address:	Enter Florida street d	oddress
	City	, Florida

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

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHELA SOLOMITA	8 THE WATERWAY	Add
		MANHASSET, NY 11030	☐ Remove
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K. Rifect		dute of filing:	(optional)
(if an of	fective date is listed, the date mus	t he enecitic and connot he prior to da	te of filing or more than 90 days after filing statutory filing requirements, this date	g) Pursuant to 605.0207 (3) e will not be listed as the
If the red (b) The	cord specifies a delayed 90th day after the rec	d effective date, but not ar ord is filed.	effective time, at 12:01 a.m.	on the earlier of:
Dated	June 16	2017		
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	\sim	The Charles		

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Filing Fee: \$25.00