L15000050173

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K.SALY EXAMINER DEL -1 2015

COVER LETTER'

Division of Cor	porations		
	NHATTAN 7 LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Ron Abraham		
		Name of Person	
	KSDT & COMPANY		
		Firm/Company	
	9300 S. Dadeland Blvd Ste	600	
		Address	
	Miami, FL, 33156		
	-	City/State and Zip Code	
	rabraham@ksdt-cpa.com	16 64	
		to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
Jonathan Kushner		305 670-3370 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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:

TO:

Registration Section

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

2015 NOV 30 PM 5: 33 OF

(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 $\frac{03/19/2015}{1}$ Florida document number L15000050173 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 address

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

H & O MANHATTAN 7 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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>	<u>Address</u>	Type of Action
MGRM	ARIE GABAY	9300 S. DADELAND BLVD	☐ Add
		STE 600	■ Remove
		MIAMI, FL, 33156	Change
MGRM	ARIE GABBAY	9300 S. DADELAND BLVD	Add
		STE 600	☐ Remove
		MIAMI, FL, 33156	☐ Change
			□ Remove
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Effective date, if other than the de (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the a	pplicable statuto	ing or more than 90 di ry filing requireme	_ (optionar) ays after filing.) Pur nts, this date will	rsuant to 605.020 not be listed a
the record specifies a delayed e) The 90th day after the recor	effective date, bu	t not an effec	ctive time, at 17	2:01 a.m. on	the earlier (
Dated OCTOBER 26TH	2015	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00