LISOOJO ALIT

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2016 DEC 16 A 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



D. BRUCE DEC 19 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 426029 7631835

AUTHORIZATION

COST LIMIT : \$ 55.00

ORDER DATE: December 16, 2016

ORDER TIME : 3:20 PM

ORDER NO. : 426029-005

CUSTOMER NO: 7631835

DOMESTIC AMENDMENT FILING

NAME: DOYLE PROPERTY INVESTMENTS,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

| Div | ision of Cor | porations | | | | |
|---------------------------------------|---------------|--|---|--|-------------------|----|
| SUBJECT: | | OPERTY INVESTMENTS, L | LC | | | |
| SUDJEC1. | - | Name of Limit | ted Liability Company | | | |
| | | | | | | |
| The enclosed | Articles of | Amendment and fee(s) are subn | nitted for filing. | | | |
| Please return | all correspon | ndence concerning this matter t | o the following: | | | |
| | | Josh Doyle | | | | |
| | | —————————————————————————————————————— | Name of Person | | | |
| | | Doyle Property Investments | s, LLC | | | |
| | | | Firm/Company | | | |
| | | 110 East End Avenue | | | | |
| | | | Address | ======================================= | ~2 | |
| | | NEW YORK, NY 10028 | | SECR | | 7 |
| | | —————————————————————————————————————— | City/State and Zip Code | 25 | 33 | |
| | | josh.doyle@compass.com | be used for future annual report notific | 200 E | 6 | IT |
| For further in | nformation co | oncerning this matter, please ca | · | | 2816 DEC 16 A 10* | C |
| Cliff S. Schr | neider | | 212 365-8600 at () | RIDA | 59 | |
| · · · · · · · · · · · · · · · · · · · | Name of | Person | | Telephone Number | | |
| Enclosed is a | check for th | e following amount: | | | | |
| □ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate Certificate Certified C (additional co | of Status | |
| | | | | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

| DOYLE PROPERTY INVESTMENTS, LLC | |
|---|--|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Liab | as it now appears on our records.) bility Company) |
| The Articles of Organization for this Limited Liability Company we | ere filed on JUNE 12, 2015 and assigned |
| Florida document number L15000102617 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabilit</u> | y company here: |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| _ | <u> </u> |
| | |
| Enter new mailing address, if applicable: | DEC PEC |
| (Mailing address MAY BE A POST OFFICE BOX) | SSE III |
| _ | Por A |
| | SH A |
| B. If amending the registered agent and/or registered offic | e address on our records, enterothe flame of the |
| registered agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|------------------|----------------------|--|
| MGMR | JAMES M. DOYLE | 307 Helena Court | ☐ Add |
| | | Sandford, FL 32773 | ■ Remove |
| | | | Change |
| MGMR | JEREMIAH J DOYLE | 157 East 89th Street | Add |
| | | New York, NY 10128 | ■ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records. | (optional) g or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a |
| record specifies a delayed effective date, but not an effecti he 90th day after the record is filed. | ive time, at 12:01 a.m. on the earlier |
| ed, | |
| Signature of a hember or authorized represen | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00