L15000121793

Florida Department of State
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Division of Corporations
Fax Number : (850)617-6303

From:
Account Name : HINSHAW & CULBERTSON LLP
Account Number : I20110000017
Phone : (954)375-1155
Fax Number : (954)467-1024

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NICOGREG TWO, LLC

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K. SALY
EXAMINER
AUG 21 2015

August 20, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NICOGREG TWO, LLC
ONE EAST BROWARD BLVD.
SUITE 1010
FT. LAUDERDALE, FL 33301

SUBJECT: NICOGREG TWO, LLC
REF: L15000121793

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The first page of the amendment is illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000199663
Letter Number: 915A00017562

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TALLAHASSEE, FLORIDA

P.O BOX 6327 Tallahassee, Florida 32314

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NICOGREG TWO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSS H. MANELLA, ESQ.
Name of Person

HINSHAW & CULBERTSON LLP
Firm/Company

1 EAST BROWARD BLVD., SUITE 1010
Address

FT. LAUDERDALE, FL 33301
City/State and Zip Code

RMANELLA@HINSHAWLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSS H. MANELLA, ESQ. at (954) 467-7900
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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:
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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NICOGREG TWO, 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 07/16/2015 and assigned Florida document number L15000121795

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 "L.L.C."

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: CLOTILDE LEVI

New Registered Office Address: 1926 HOLLYWOOD BLVD., SUITE 100
Enter Florida street address

HOLLYWOOD, Florida 33020
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.

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

Title	Name	Address	Type of Action
MGR	CATHERINE LACHCAR	17201 COLLINS AVE., #2903	■ Add
		SUNNY ISLES BCH., FL 33180	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing:** _____ ***(optional)***
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (5)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 18, 2015.

Signature of a member or authorized representative of a member

ROSS H. MANELLA, ESQ., AUTHORIZED REPRESENTATIVE OF MEMBER

Typed or printed name of signee

Filing Fee: $25.00