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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only

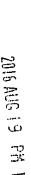


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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2016

MAX GRANOFSKY GULFSTREAM COMMERCIAL GROUP 150 NE 6TH AVENUE APT O DELRAY BEACH, FL 33483

SUBJECT: GULFSTREAM COMMERCIAL GROUP LLC

Ref. Number: L15000135844

We have received your document for GULFSTREAM COMMERCIAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 516A00014167

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulfstream Commercial Group LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 08/10/2015	and assigned
Florida document number L15000135844		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Arbor Holdings Group LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		. 70
		6
Enter new mailing address, if applicable:		<u>는 2</u> 품
(Mailing address MAY BE A POST OFFICE BOX)		- ASB
		- AH
		3 77
B. If amending the registered agent and/or registered	d office address on our records, er	nter the name of the⊆nev
registered agent and/or the new registered office address		<u>5</u> 5
		₹
Name of New Registered Agent:	******	
N B : 1000 A11		
New Registered Office Address:	Enter Florida street address	
	, Florid	a a
	, Fibria.	7in 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
			□ Remove
			Change
			Add
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Filing Fee: \$25.00