9/17/2015

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NY RINCON LLC

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COVER LETTER

TO:	Registration ! Division of Co			
CI ID 150	NY Rine	on LLC		
SUBJEC	71:	Name of Lin	nited Liability Company	
		of Amendment and fee(s) are sub condence concerning this matter	-	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		jreilly@gmaelectric.com	to be used for future annual report netifi	cation
For furth	er information	concerning this matter, please c	, , , , , , , , , , , , , , , , , , ,	cation,
_	Vasquez		323 962-8600 ex	t 7950
	Name	of Person	at ()	Telephone Number
Enclosed	is a check for	the following amount:		
	O 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)
	MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NY Rincon LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears as our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number L15000146744	were filed on 8/27/2015	and assigned
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ollity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	166 Rogers Avenue Apt. 2R	
(Principal office address MUST BE A STREET ADDRESS)	Brooklyn, New York 11216	
Euter new mailing address, if applicable:	166 Rogers Avenue Apt. 2R	
(Mailing address MAY BE A POST OFFICE BOX)	Brooklyn, New York 11216	
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I herehy accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I at provided for in Chapter 605, F.S. C	n familiar with and or, if this document is
IfCban	ging Registered Agent, Signature of New	
Page 1	7	II SEP 18

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	JOHN REILLY	166 ROGERS AVENUE	D Add
		NEW YORK, NY 11216	☑ Remove
AMBR	NANCY MARQUEZ	166 ROGERS AVENUE	Add
		NEW YORK, NY 11216	Ø Remove
AMBR	JOHN REILLY	166 ROGERS AVENUE Apt. 2R	2 Add
		NEW YORK, NY 11216	C Remove
AMBR	NANCY MARQUEZ	166 ROGERS AVENUE Apt. 2R	Z Í ∧dd
		NEW YORK, NY 11216	□ Remove
			□ Remove
		200 C T C T T T	
		ASSA EE. T	Remove
	Page 2 o	ÖRU	31

),	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated September 11th , 2015.
	Signature of a member or authorized representative of a member
	Nancy Marquez Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE
ALL AHASSEF, FLORIDA