

L15000193503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

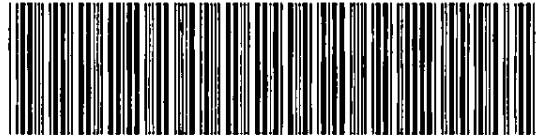
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 11 2020

COVER LETTER

**TO: Registration Section
Division of Corporations
SUITE 201 RPW LLC**

SUBJECT: _____
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:

CHRISTOPHER J. BROWN

Name of Person

EAST END ADVISORS, LLC

Firm/Company

SUITE 506, 610 FIFTH AVENUE

Address

NEW YORK, NEW YORK 10020

City/State and Zip Code

pzhao@tagassoc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher J. Brown

212

218-8137

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUITE 201 RPW 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 SEPTEMBER 8, 2015 and assigned
Florida document number L15000153503

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)

PING ZHAO

TAG ASSOCIATES

7th FLOOR, 810 7th AVE, NEW YORK, NEW YORK 10019

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

_____, Florida _____

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

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TALLAHASSEE, FL

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>	<u>Type of Action</u>
MGR	Richard Salomon	Suite 201, Royal Palm Way, Palm Beach, Florida 33480	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Peter A. Nadosy	Suite 506, 610 Fifth Avenue, New York, New York 10020	<input type="checkbox"/> Add
			<input type="checkbox"/> Change
MGR	David Salomon	Suite 506, 610 Fifth Avenue, New York, New York 10020	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Brian R. Clifford	Suite 506, 610 Fifth Avenue, New York, New York 10020	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Christopher J. Brown	Suite 506, 610 Fifth Avenue, New York, New York 10020	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 PALM BEACH, FLORIDA

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

Multiple horizontal lines for amending information.

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FALL ADMIN. SERV. DIV.

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January 10, 2020

E. Effective date, if other than the date of filing: _____ (optional)

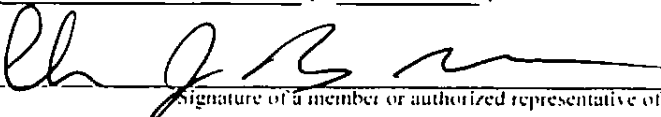
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

January 10, 2020

Dated _____



Signature of a member or authorized representative of a member

Christopher J. Brown

Typed or printed name of signee