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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PATRIMOINE SUB C, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATRIMOINE SUB C, 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:

Michael Sherman	Name of Person
Thomas G. Sherman, P.A.	Firm/Company
90 Almeria Avenue	Address
Coral Gables, Florida 33134	City/State and Zip Code
mike@uniontitleservices.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Sherman	305	448-5898
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

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

PATRIMOINE SUB C, 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 11/04/2016 and assigned Florida document number L15000187405.

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 "LLC."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1750 N. Bayshore Drive, # 4910

Miami, Florida 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1750 N. Bayshore Drive, # 4910

Miami, Florida 33132

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:

Thomas G. Sherman, P.A.

New Registered Office Address:

90 Almeria Avenue

Enter Florida street address

Coral Gables

City

Florida

33134

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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DIVISION OF CORPORATIONS

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	Thomas G. Sherman	90 Almeria Avenue	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Feldgajer	1750 N. Bayshore Drive, # 4910	<input checked="" type="checkbox"/> Add
		Miami, Florida 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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1957-1958

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.

Dated December 2 2016

Signature of a member or authorized representative of a member

Thomas G. Sherman, Authorized Representative of Member

Typed or printed name of signer