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PATRIMOINE SUB C, LLC

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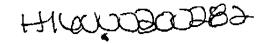
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COVER LETTER

Division of C			
SUBJECT:		DINE SUB C, LLC	
	148min of Pro	mice Elabinity Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Michael Sherman	•	
		Name of Person	
	Thomas G. Sherman, P.A.		
		Firm/Company	
	90 Almeria Avenue		
		Address	
	Coral Gables, Florida 331	34	
	-il-Qualantistanasiosa	City/State and Zip Code	
	mike@uniontitleservices.co E-mail address:	orn (to be used for future annual report no	tification)
For further information	concerning this matter, please of	alt;	
Michael Sherman		305 448-5898	
Name of Person		at (ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Piling Foe & 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 unclosed)
Regisi Divisi P.O. E	LING ADDRESS: ration Section on of Corporations tox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations -nter Circle

15/01/5016 17:46 3056339696

COKP USA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATRIMOINE SUB C, LLC

(Name of the Ujmited L.	(ability Company as it now appears on our records, lorida Limited Liability Company))	
The Articles of Organization for this Limited Liabil		and assigned	
Florida document number			
This amendment is submitted to amend the following	ng;		
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	1750 N. Bayshore Drive, # 4910	Sio 명	
(Principal office address MUST BE A STREET A.	ODRESS) Miami, Florida 33132		
		0 7	
Enter new mailing address, if applicable:	1750 N. Bayshore Drive, # 4910	₩	
(Malling address MAY BE A POST OFFICE BOX	Miami, Florida 33132	§ 6	
registered agent and/or the new registered office : Name of New Registered Agent:	Thomas G. Sherman, P.A.		
	90 Almeria Avenue		
New Registered Office Address:	Enter Florida street address		
	Corul Gables Flori	rida 33134	
	City	Zip Code	
New Registered Agent's Signuture, if changing Regist	ered Agent:		
I hereby accept the appointment as registered agt provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and i d agent as provided for in Chapter 605, F.S tered office address, I hereby confirm that t	I am familiar with and S. Or, if this document is the limited liability	
	Page 1 of 3		

12/07/2016 17:46 3056399696

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

AMBK =	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MOR	Thomas G. Sherman	90 Almeria Avenue	Add
		Coral Gables, Florida 33134	■ Remove
			□ Change
MOR	David Feldgajer	1750 N. Bayshore Drive, # 4910	➡ Add
	Miami, Florida 33132	[] Remove	
		Change	
			Add 6
			Remove R
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			Remove 00
			□ Change
			☐ Add
			☐ Remove
	•		□ Change
			D Add
			□ Remove
			☐ Change

Page 2 of 3

If amending any other inf)rmation, enter (change(s) here: (a	Altach adaitional s	meets, y necessary.		
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Effective date, if other than if an effective date is listed, the dat Nate; If the date inserted in the document's effective date on the date in the date on the date of the d	he Department of S	State's records.	mutatory titing requi	iremenis, this date wi	ii not be listed as ti	3)(b) 1¢
ne record specifies a dela The 90th day after the	yed effective d record is filed.	iate, but not an	effective time,	at 12:01 a.m. on	the earlier of:	
Dated December 2		2016		·		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature of a n	member or authorized	epresentative of a me	mber		
		in, Authorized Repri	N			
		Typed or printed nam				

Page 3 of 3 Filing Fee: \$25.00