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| Divi | ision of Corp | orations | | | | |
|----------------|---------------|--|---|-----------------|-----------------------------------|--------------|
| SUBJECT: | Newmark Co | ommercial Real Estate, LLC | | | | |
| SCHOLCI. | | Name of Lim | ited Liability Company | | | |
| | | | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return | all correspon | idence concerning this matter | to the following: | | | |
| | | Jacqueline Tavares | | | | |
| | | • | Name of Person | | | |
| | | Newmark Commercial Rea | al Estate, LLC | | | |
| Firm/Company | | | | | | |
| | | 21250 Sweetwater Lane N | | | | |
| | | | Address | | | |
| | | Boca Raton, Florida 33428 | | | | |
| | | | City/State and Zip Code | | 평 열 | |
| | | jackie@newmarkcommercia | | | 78 28 28 28 28 28 28 28 28 | |
| | | E-mail address: (1 | to be used for future annual report notifica | ation) | 語 | |
| For further in | formation co | ncerning this matter, please ca | all: | | ASSE -5 | 17 |
| Jacqueline T | avares | | 561 702-8187 | | THE TO | |
| | Name of | Person | at () Area Code Daytime T | elephone Number | 195 W | شوييس الم |
| | | | | | 200A | |
| Enclosed is a | check for the | e following amount: | | | | |
| □ \$25.00 F | iling Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & | |

MAILING ADDRESS:

TO:

Registration Section

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

| Newmark Commerial Real Estate, LLC | |
|--|--|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp | pany were filed on January 8, 2016 and assigned |
| Florida document number L16000006384 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here: |
| he new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS | <u>s)</u> |
| | |
| | 77 S. 2016 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 55 |
| | |
| | |
| B. If amending the registered agent and/or registered egistered agent and/or the new registered office address | ed office address on our records, enter the name of the |
| egistered 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

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 |
|--------------|-------------|------------------------------------|----------------|
| AMBR | Dawn Weil | 20 Hibiscus Lane, Delray Beach, Fl | |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
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|). If amending any other information | m, once change(s) here. (Anden de | manionai sneets, ij necessar | |
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| | | | GAR W |
| Effective date, if other than the da | January 10, 2016 | (optional) | D |
| (II all effective date is listed, the date little to | k does not meet the applicable statutory | g or more than 90 days after filing. |) Pursuant to 605.0207 (3) |
| the record specifies a delayed e) The 90th day after the record | | ive time, at 12:01 a.m. | on the earlier of: |
| Dated February 2 | . 2016 | | |
| - Ja | gnature of a member or authorized represen | tative of a member | |
| Jacqueline Tavares | V | | |
| | Typed or printed name of sign | nee | |

Page 3 of 3

Filing Fee: \$25.00