

L16000023147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

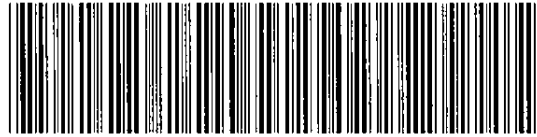
(Business Entity Name)

(Document Number)

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FILED  
17 JUN 21 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUN 21 PM 1:50

JUN 22 2017

" KER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 693227 7702303

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : June 20, 2017

ORDER TIME : 12:48 PM

ORDER NO. : 693227-005

CUSTOMER NO: 7702303

DOMESTIC AMENDMENT FILING

NAME: SKYHIGH LIVING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

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

Skyhigh Living, 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 February 2, 2016 and assigned  
Florida document number LJ6000023147

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:

800 Third Avenue, 24th Floor

(Principal office address MUST BE A STREET ADDRESS)

New York, NY 10022

Enter new mailing address, if applicable:

800 Third Avenue, 24th Floor

(Mailing address MAY BE A POST OFFICE BOX)

New York, NY 10022

Attn: Ian Shane

**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

City

Florida

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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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

Title	Name	Address	Type of Action
AMBR	Jared Hodes	490 Sawgrass Corp. Pkwy	<input type="checkbox"/> Add
		Suite 310	<input checked="" type="checkbox"/> Remove
		Sunrise, FL 33325	<input type="checkbox"/> Change
AMBR	Belinda Hodes	490 Sawgrass Corp. Pkwy	<input type="checkbox"/> Add
		Suite 310	<input checked="" type="checkbox"/> Remove
		Sunrise, FL 33325	<input type="checkbox"/> Change
AMBR	Tamzin Bell	490 Sawgrass Corp. Pkwy	<input type="checkbox"/> Add
		Suite 310	<input checked="" type="checkbox"/> Remove
		Sunrise, FL 33325	<input type="checkbox"/> Change
MGR	Frank Guita	490 Sawgrass Corp. Pkwy	<input type="checkbox"/> Add
		Suite 310	<input checked="" type="checkbox"/> Remove
		Sunrise, FL 33325	<input type="checkbox"/> Change
MGR	Jared Hodes	c/o Michelman & Robinson	<input checked="" type="checkbox"/> Add
		800 Third Avenue 24th Floor	<input type="checkbox"/> Remove
		New York, NY 10022	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF DISTRICT COURT  
 PALM BEACH COUNTY  
 FLORIDA

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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.

Dated July 20, 2017.

Rael Alan Hodes  
Signature of a member or authorized representative of a member

Rael Alan Hodes

\_\_\_\_\_  
Typed or printed name of signer