

**L16000050464**

Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FELD SUB C, LLC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
FELD 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 03/10/2016 and assigned Florida document number L16000050464.

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:

1750 N. Bayshore Drive, # 4910

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33132

Enter new mailing address, if applicable:

1750 N. Bayshore Drive, # 4910

(Mailing address MAY BE A POST OFFICE BOX)

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

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
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			<input type="checkbox"/> Change

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

**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.

(b) The 90th day after the record is filed.

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 signee

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