L16000081039

(Ře	questor's Name)	<u> </u>
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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. .

ACCOUNT NO.	: I2000000195
REFERENCE	: 056699 7521141
AUTHORIZATION	Spullena
COST LIMIT	: (\$ 25.00

:

_ _ _ _ _

ORDER DATE : February 2, 2018

- ORDER TIME : 3:21 PM
- ORDER NO. : 056699-005
- CUSTOMER NO: 7521141

DOMESTIC AMENDMENT FILING

NAME: 801 WEST 49TH STREET OWNER 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: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

COVER	LETTER
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ГО:	Registration Section
	Division of Corporations

801 WEST 49TH STREET OWNER LLC SUBJECT

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:	

LINDA CHASE

Name of Person

C/O 777 MANAGEMENT CORP.

	Firm/Company
	\neg $()$ ρ
	730 TELHAM TARKWAY DO
·	Address
	BBDD 11.4. 10462

City/State and Zip Code

remc233@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA CHASE	917	885-9420
Name of Person	at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status 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

801 WEST 49TH STREET OWNER 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 <u>APRIL 27, 2016</u>	and assigned
Florida document number 1.16000081039	

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 Liabili	ty Company," the designation "LLC" or the abbreviation	ግ.ር."
Enter new principal offices address, if applicable:		ias
(Principal office address MUST_BE A STREET ADDRESS)		· · ·
	3	-
Enter new mailing address, if applicable:	·	(n
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		······································
New Registered Office Address:		
	Enter Florida street ad	dress
	,	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:

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MGR = Manager AMBR = Authorized Member

. .

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARTIN SHAPIRO C/O 777 MANAGEMENT CORP.		Add
		730 TELHAN TARKWAY SD.	
		· · · · · · · · · · · · · · · · · · ·	Remove
		BRONX, NY 10462	Change
			🖸 Add
			🖸 Remove
		······································	Change
		<u></u>	
			C Remove
			□ Change
			🗆 Add
			🛛 Remove
<u></u>	, <u></u> ,,,,,,		
			Remove
			Change
			Add
			C Remove
			Change

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) <u>Note:</u> 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	2/2/2018	• .·	11 A 17 A 17 A 17 A 17 A 17 A 17 A 17 A
	Signature of a member or authorized representative of	fa inember	\sim
	LINDA CHASE		
	Typed or printed name of signee		- ਲ
		3	

Page 3 of 3

Filing Fee: \$25.00