L17000102208

| · - | (Requestor's Name) | |
|--------------------|-----------------------|-------------|
| _ | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone | #) |
| PICK-I | TIAW T | MAIL |
| | (Business Entity Nam | ne) |
| | (Document Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructio | ns to Filing Officer: | - |
| 4: 23 | <u> </u> | |
| 10 PH | | |
| N JUL I | | |
| Z RY | Office Use Onl | <u> </u> |



600301047356

07/11/17--01005--019 **50.00

17 JUL 10 AH İI: 49

COVER LETTER

| TO: Registration So Division of Con | | * | |
|----------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | Realty, LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Zachary Eisner | | |
| | | Name of Person | |
| | Galbut Walters LLP | | |
| | | Firm Company | |
| | 4770 Biscayne Blvd, Suite | 1400 | |
| | | Address | · |
| | Miami, FL 33137 | | |
| | | City State and Zip Code | |
| | zeisner(a,hudcap.com | | <u></u> |
| | | o be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | II: | |
| Zachary Eisner | | 786 2452-319 | |
| Name o | f Person | at () Area Code Dayum | e Felephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy Gadditional copy is enclosed: |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Palms NH Realty, LLC | | |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | npany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on May 8, 2017 | and assigned |
| forida document number 1.17000102208 | | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited l | iability company here: | |
| he new name must be distinguishable and contain the words "Limited Li | iability 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> </u> |
| | | |
| | | 7 |
| nter new mailing address, if applicable: | | SSE |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| duning duniess MAT DE AT OST OFFICE BOXY | | |
| | | |
| i. If amending the registered agent and/or registered egistered agent and/or the new registered office address h | | nter the name of the |
| gistered agent and/or the new registered office address t | iere. | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | T.1 | |
| | , Floric | 1a 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> | Name | Address | Type of Action |
|--------------|------------|--------------------------------|----------------|
| mgr | Yingyao Wu | 4770 Biscayne Blvd, Suite 1400 | Add |
| | | Miami FL 33137 | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | C Ch | Change |
| | | | |
| | | | 17 Reporter |
| | <u>.</u> | | Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | C Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |

| | 7 |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | HASS E |
| | Cr. + |
| | EE FLORIE |
| | |
| | |
| | |
| | |
| | |
| E ffec If an e | tive date, if other than the date of filing: |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. |
| | |
| ne re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed. |
| The | |
| | July 3 2017 |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee