m170000005760

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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800301811038

7 AUG ~2 AH 8: 5

S. WARREN AUG 0 3 2017 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000	000195
	REFERENCE	: 751066	7323654
	AUTHORIZATION	:	7
	COST LIMIT	Signally	lead
ORDER DATE : A	ugust 2, 2017		
ORDER TIME : 1	0:05 AM		
ORDER NO. : 7	51066-050		
CUSTOMER NO:	7323654		
	FOREIGN FI	LINGS	
NAME :	NEWMARK KNIGHT & ADVISORY (EA		LUATION
	ARTNERSHIP IABILITY COMPANY	?	
XXXX AMENDMENT		,	
PLEASE RETURN T	HE FOLLOWING AS	PROOF OF	FILING:
CERTIFI XX PLAIN S CERTIFI	TAMPED COPY		

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

 Name of limited liability Company as it appears State: NEWMARK KNIGHT FRANK 	s on the records of the Florida Department of K VALUATION & ADVISORY (EAST), LLC
Enter new principal office address, if applicable:	
(Principal office address	125 Park Avenue,
MUST BE A STREET ADDRESS)	New York, NY 10017
Enter new mailing address, if applicable:	Entity Management
(Mailing address	110 East 59th Street, 7th Floor
MAY BE A POST OFFICE BOX)	New York, NY 10022
2. The Florida document number of this limited lie	ability company is: M1700005760
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 07	/05/2017
and an income and a second and a	ahousee)
5. New name of the limited liability company:	NEWMARK KNIGHT FRANK VALUATION 8 ADVISORY, LLC
(If name unavailable, enter afternate name adopte copy of the written consent of the managers or mental contain "Limited Liability Company," "L.L.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
6. If amending the registered agent and/or registered registered agent and/or the new registered office to	red officer address on our records, enter the name of the new?
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the prope	gent and agree to act in this capacity. I further agree to comply with er and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this go in the registered office address, I hereby confirm that the limited
	Changing Registered Agent, Signature of New Registered Agent

. If the amendment c	hanges person, title or capacity in ac	ccordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
		<u> </u>	Remove
			
			Remove
			Remove
			Add
			Remove
			Add
			Remove
aforementioned a	the law of which this entity is org	anized.	17 AUG ~2
	**	aletsky, Secretary	
		rinted name of signee	AH 8
		g Fee: \$25.00	8: 5

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "NEWMARK KNIGHT FRANK

VALUATION & ADVISORY (EAST), LLC", CHANGING ITS NAME FROM

"NEWMARK KNIGHT FRANK VALUATION & ADVISORY (EAST), LLC" TO

"NEWMARK KNIGHT FRANK VALUATION & ADVISORY, LLC", FILED IN THIS

OFFICE ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2017, AT 11:16

O'CLOCK A.M.

Authentication: 202989011

Date: 08-02-17

6423235 8100 SR# 20175531012 State of Delaware
Secretary of State
Division of Corporations
Delivered 11:16 AM 07/26/2017
FILED 11:16 AM 07/26/2017
SR 20175419182 - File Number 6423235

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

NEWMARK KNI	GHT FRANK VALUATIO	N & ADVISORY	(EAST),
The Certificate of	of Formation of the limited	liability company	is hereby ar
as follows:			
1. Name of 1 KNIGHT FRAN	Limited Liability K VALUATION & ADVI	Company is N SORY, LLC	EWMARK
	WHEREOF, the undersign		
	WHEREOF, the undersign		
	day of July		, A.D. <u>201</u>
	day of July	<u> </u>	, A.D. <u>201</u> SKY
	day of July By: /s/ R	ICHARD A. MALETS	SKY Person(s)