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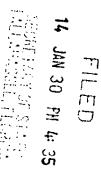
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SHO	PPES AT 41	STREET INC.				
DOCUMENT NUMBER: P01000585	539					
The enclosed Articles of Amendment and fee are sub	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
ALAN J. MARC	CUS					
AVENTURA TITLE	Name of Contact Person AVENTURA TITLE INSURANCE CORPORATION					
20803 BISCAY	Firm/ Company 'NE BLVD. SU	JITE 301				
AVENTURA, F	L 33180					
	City/ State and Zip Code					
alan@alanjmarcus						
E-mail address: (to be us	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	e call:					
ALAN J. MARCUS	_at (305	, 937-1800				
Name of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	irtment of State:				
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

Articles of Amendment to Articles of Incorporation

to

THE	SHO	PPFS	$\Delta T \Delta$	1.57	ΓREET	INC
			\triangle			HIVO.

(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
(Document Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation ado	pts the following	amendment(s)
A. If amending name, enter the new name of the corporation: THE SHOPPES AT 41ST STREET	INC.		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered." "professional association," or the abbreviation "P.	o". A professional corporati	ited" or the abl	breviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		14.	14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED
		20 10 10 10 10 10 10 10 10 10 10 10 10 10	4: 3 5
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the	
Name of New Registered Agent			
(Florida stree	t address)		
New Registered Office Address: (City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent		of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name			Address
1) Change	<u>-</u>		-	· -	
Add				-	
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					******
4) Change			· · · · ·		
Add				-	
Remove					
5) Change					
Add				-	
Remove					
6) Change					
Add					
Remove				-	

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
1-10-10-10-10-10-10-10-10-10-10-10-10-10	
4	
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 01/27/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_01/27/2014	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
AMOS SHOSHAN	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_