Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205 Phone : (305)416-6800

Fax Number ; (305)416-5811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FC PALM HILL, LLC

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ADAMS GALLINAR PA

PAGE 02/05 (((H160002694993)))

COVER LETTER

TO:		ration Sec on of Corp					
SUBJE	FC	PALM H	IILL, LLC		,		
SUBJE	C1,		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enc	losed Ai	rticles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all	соггезроп	dence concerning this matter	to the following:			
			Diane M. Hernandez				
				Name of Person			
			Adams Gallinar, P.A.				
				Firm/Company			
1000 Brickell Avenue, Suite 300						16	SECO
				Address	:	RON	A H
			Miami, Florida 33131			i	
			dhernandez@agilaw.com	City/State and Zip Code		AM 11: 04	790 700
				to be used for future annual report notifi	cation)	••	SR.A
For furt	her info	rmation co	ncerning this matter, please co	ali:		40	چَڙ
Diane M	1. Herns	indez		305 416-6800			
	-	Name of	Person		Telephone Number		
Enclose	d is a ch	eck for the	o following amount:				
\$25.	.00 Filir	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution for the state of \$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

11/01/2016 11:50 3054166811

ADAMS GALLINAR PA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C PALM HILL, LLC	
(Name of the Limited Linb (A Flori	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 9/22/2011	and assigned
Florida document number L09000037838	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	AL AL
		NO PROPERTY.
Enter new mailing address, if applicable:		- com
(Mailing address MAY BE A POST OFFICE BOX)		3
		FE OR ID
		e 35
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street ad	ldress
		, 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

11/01/2016 11:50

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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

Title	Name	Address	Type of Action
MGR	Ambrus Management, Inc.	1000 Brickell Avenue	
		Suite 300	■ Remove
		Miami, Florida 33131	Change
			Remove AS.
			AHAS AHAS
			Add Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		ET 01
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Effective date, if other than the date of filing: (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.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	int to 605,020' it be listed as	7 (3)(b) s the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier o	f:
Dated November 1 2016	,	
Signature of a milither or authorized representative of a member		
Robert R. Adams, Authorized Representative Typed or printed name of signee		

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Filing Fee: \$25.00