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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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TALLY SEEF FIORID

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Pal	m Beach west	Investment LLC.	
	Name of Lim	Investment LLC.	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	М	ohsen Bazaryan	
		Name of Person	
	Palm B	each west Investment	TLL C.
		Firm/Company	
	1829 OU-K	lana cutt Hin	
	(8-1)	Lane South #10 Address	
	Jupiter,	Florida 33458 City/State and Zip Code	
		City/State and Zip Code	
-	mosen us	a @ GHail. Com to be used for future annual report no	tification)
For further information conc			imeation
	,,		
Mohsen.	Bazargan	at (_561_)	1680
Name of Pe	rson	Area Code Daytir	ne Telephone Number
Enclosed is a check for the fo	ollowing 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 (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

MOHSEN BAZARYAN 1829 PARK LANE SOUTH #10 JUPITER, FL 33458

SUBJECT: PALM BEACH WEST INVESTMENTS, L.L.C

Ref. Number: L02000009215



We have received your document for PALM BEACH WEST INVESTMENTS, L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00016575

SECULIANAS PH 4: 18



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 12, 2016

MOHSEN BAZARGAN 1829 PARK LANE S JUPITER, FL 33458

SUBJECT: MOHSEN BAZARGAN Ref. Number: W16000035154

We have received your document for MOHSEN BAZARGAN and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document is incomplete. Cover letter is not completed. Information on the business is not included.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00010097

850-245-6950

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach wo	est Investment,	LLC.	
(A Florida Lir	nited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Com	pany were filed on	4/17/02	and assigned
Florida document number Loz cocoo 9215.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de:	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
		IA:	
		المسلم معنان مراجع حرست	24
Enter new mailing address, if applicable:		1 1945 () 1 27 1945 27 1945 27 1945	N
(Mailing address MAY BE A POST OFFICE BOX)			, w .
		J 5.	
		ر در در د	
B. If amending the registered agent and/or registere	ed office address on	our records, enter-t	he name of the new
registered agent and/or the new registered office address	s here:	, <u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>1</u>	ype of Action
MGR	Hohsen Bazargan	1829 purk Lane	south #10	⊠ Add
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ective date, if other th	an the date of filing:		(6	optional)
effective date is listed, the c	date must be specific and ca	nnot be prior to date of fili	ng or more than 90 days	after filing.) Pursuant to 605.0
ument's effective date or			ry filing requirements,	, this date will not be listed
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	elayed effective dat ne record is filed.	e, but not an effec	tive time, at 12:0	01 a.m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00