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## TRANSMITTAL LETTER

TO: Registration So Division of Co			·
SUBJECT: Lif		Solutions - Boynton Beamited Liability Company)	ach, LLC
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	·
-	Scott J. V	Nortman Name of Person)	
	(I	Name of Persons	
	Pineiro, Worts	nan & Byrd, P.A. Firm/Company)	<u>.                                    </u>
	7108 Fairway Drive	e, Suite 225 (Address)	
_	Palm Beach Gardens (City	S. FL 33418 /State and Zip Code)	<u>.</u>
For further information	concerning this matter, please of	call:	
Sco	tt J. Wortman (Name of Person)	at (561) 799- (Area Code & Daytime	-9280 c Telephone Number)
Enclosed is a check for the	e following amount:		•
⅓ \$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

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lifestyles Real Estate Solutions - Boynton Beach, LLC (Present Name) (A Florida Limited Liability Company)

FIRST:		Organization were filed on <u>February 20, 2004</u> and assigned er <u>L04000014395</u> .	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limit liability company:		
	Article I:	This article is revised to indicate the name of the Limited Liability Company is Costal Palms Realty, LLC	
	Article II:	This article is revised to indicate the principal place of business is 9194 Olmostead Drive, Lake Worth, Florida 33467	
	Article IV:	This article is revised to indicate the Manager of this Limited Liability Company is Priscilla Cruz-Nichipor whose address is 9194 Olmostead Drive, Lake Worth, Florida 33467	
Dated	- Lebrung	Signature of a member or authorized representative of a member  Kim Giordano  Typed or printed name of signee	

Filing Fee: \$25.00