L05000072197

| (Red | questor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Add | dress) | | | | |
| · (City | //State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bus | siness Entity Nar | me) | | | |
| · | | | | | |
| (Doc | cument Number) | - | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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10/03/08--01046--001 **185.00

08 OCT -3 AHII: 20
SECRETARY OF STATE

COVER LETTER

| | ation Sec n of Corp | | | | | · |
|--------------------|-----------------------------------|---|-------------------------------------|---|-----------------|-----------------|
| SUBJECT: BI | revard | 270, LLC (Name of Lim | ited Liability C | ompany) | · | 0 |
| The enclosed Ar | ticles of A | mendment and fee(s) are sub | mitted for filin | g. | | |
| Please return all | correspon | dence concerning this matter | to the followin | g: | | |
| | | Dan Logan | | : | • . | |
| · | * | | (Name of I | erson) | | |
| | | | (Firm/Con | гралу) | | |
| | | 17888 Brian Way | · | • | | |
| | | | (Addre | ss) | | |
| **· | | Jupiter, FL 33478 | | | | |
| | | | (City/State and | Zip Code) | | |
| For further inform | mation co | ncerning this matter, please ca | all; | | | |
| | | | | | | |
| Dan Logan | | • | at (56 | 1 \ 747-2316 | | |
| Dan Logan | (Name of | Person) | at (| (Area Code & Daytime T | elephone Numbe | 21) |
| Enclosed is a che | ck for the | following amount: | | • | | |
| \$25.00 Filing | Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Fi Certifie (additio | | Certifie | ite of Status & |
| | | | | | | |
| | Registrat Division P.O. Box | ion Section of Corporations 6327 see, FL 32314 | | STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons r Circle | · |

FILED

ARTICLES OF AMENDMENT TO

08 OCT -3 AMII: 20

ARTICLES OF ORGANIZATION OF T

SECRETARY OF STATE TALLAHASSEE FLORIDA

| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our records.) d Liability Company) | | | |
|---|---|--|--|--|
| The Articles of Organization for this Limited Liability Compar | ny were filed on 07/21/2005 and assigned | | | |
| Florida document number L05000072197 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | | | |
| The new name must be distinguishable and end with the words "Liu"L.L.C." | mited Liability Company," the designation "LLC" or the abbreviation | | | |
| Enter new principal offices address, if applicable: | 313 65th Trail North | | | |
| (Principal office address MUST BE A STREET ADDRESS) | West Palm Beach, FL 33413 | | | |
| | | | | |
| Enter new mailing address, if applicable: | 313 65th Trail North West Palm Beach, FL 33413 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, <u>enter the name of the ne</u> | | | |
| | | | | |
| Name of New Registered Agent: David Logar | 1 . | | | |
| New Registered Office Address: 313 65th To | | | | |
| West Palm I | (Enter Florida street address) Beach, Florida 33413 | | | |
| · | (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|---------------------|
| MGRM | David Logan | 313 65th Trail North West Palm Beach, FL 33413 | Add Remove |
| MGRM | Jeffrey C. Lee | 438 Savoie Drive Palm Beach Gardens, FL 33410 | Add Remove |
| ···· | | | Add Remove |
| | | | Add Remove |
| · . | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter change(s | i) here: (Attach additional sheets, if necessar | |
| | | | 08 OCT -3 |
| | | | FE FLOS |
| Dated | 9/24 , 2008 | | 20 TATE ORIDA |
| | David Logan | authorized representative of a member printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00