

LO6000026506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200068104262

11/24/44, 0933 at: 2000100

FILED
2006 MAR 20 PM 4:00
TALLAHASSEE, FLORIDA

J. BRYAN MAR 23 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trump Palace 1609, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isaac Benmergui

(Name of Person)

Law Offices of Isaac Benmergui, P.A.

(Firm/Company)

13899 Biscayne BLVD., Suite 148

(Address)

North Miami Beach, Florida 33181

(City/State and Zip Code)

FILED
2006 MAR 20 PM 4:00
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Isaac Benmergui

(Name of Person)

at (305) 341-3580

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Trump Palace 1609, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03/13/06 and assigned
document number L06000026506.

SECOND: This amendment is submitted to amend the following:

The Name of the above referenced Limited Liability Company shall be changed to Palace 1609, LLC

FILED
2006 MAR 20 PM 4:00
TALLAHASSEE, FLORIDA

Dated March 17, 2006.



Signature of a member or authorized representative of a member

Chimol Chocron

Typed or printed name of signee

Filing Fee: \$25.00