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| tion orations | | | |
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| BAL PALM LANE, LLC | | | |
| Name of Lim | ited Liability Company | | |
| | - | | |
| JACOBELI J. BEHAR, ES | SQ. | | |
| | Name of Person | | |
| THE NGUYEN LAW FIR | M | | |
| | Firm/Company | | |
| 306 Alcazar Ave., # 303-B | , Coral Gables, Florida 33134 | | |
| | Address | · · · · · · · · · · · · · · · · · · · | ₹ |
| Coral Gables, Florida 3313 | 34 | | 16 NOV 15 |
| | City/State and Zip Code | | 9 H |
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| ncerning this matter, please c | all: | | PA TO |
| | 786 600-2530 | | 4: 25 |
| Person | | Telephone Number | |
| following amount: | | | |
| □ \$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) | |
| | BAL PALM LANE, LLC Name of Lim Immendment and fee(s) are sub- dence concerning this matter JACOBELI J. BEHAR, ES THE NGUYEN LAW FIR 306 Alcazar Ave., # 303-B Coral Gables, Florida 3313 jacobeli@nguyenlawfirm.n E-mail address: (ncerning this matter, please concerning this matter. | BAL PALM LANE, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: JACOBELI J. BEHAR, ESQ. Name of Person THE NGUYEN LAW FIRM Firm/Company 306 Alcazar Ave., # 303-B, Coral Gables, Florida 33134 Address Coral Gables, Florida 33134 City/State and Zip Code jacobeli@nguyenlawfirm.net E-mail address: (to be used for future annual report notifineerning this matter, please call: Person at (186 600-2530 at (186 Area Code Daytime) collowing amount: Collowing amount: Collowing amount: Collowing Fee & Certificate of Status Certificate Copy | BAL PALM LANE, LLC Name of Limited Liability Company Imendment and fee(s) are submitted for filing. Idence concerning this matter to the following: JACOBELI J. BEHAR, ESQ. Name of Person THE NGUYEN LAW FIRM Firm/Company 306 Alcazar Ave., # 303-B, Coral Gables, Florida 33134 Address Coral Gables, Florida 33134 City/State and Zip Code jacobeli@nguyenlawfirm.net E-mail address: (to be used for future annual report notification) neerning this matter, please call: Person at (|

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

| VJD 304 SABAL PALM LANE, L | | | | |
|---|---------------------|---|------------------------------|------------------|
| (Name of the Land | (A Florida Limited | nny as it now appears o Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Li Florida document number L07000093611 | iability Company | were filed on 09/20 | 0/2016 | _ and assigned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | oility company here | ; | |
| | | , | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the desi | gnation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applic | able: | VJD 304 SABAL | PALM LANE, LLC | |
| (Principal office address MUST BE A STREET ADDRESS) | | 304 Sabal Palm La | ne | |
| | | Palm Beach Garde | ns, FL 33418 | # Z |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | VJD 304 SABAL | PALM LANE, LLC | NO 15 |
| | | 304 Sabal Palm La | ine | 01 71 |
| | | Palm Beach Garde | ns, FL 33418 | <u> </u> |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | our records, <u>enter th</u> | e name of Me ne |
| Name of New Registered Agent: | Robert H. Fox | | | |
| New Registered Office Address: | 304 Sabal Palm | | ı street address | |
| | Palm Beach Ga | | , Florida ³³⁴¹⁸ | |
| | | 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

Page 1 of 3

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---|---------------------|------------------------------|--------------------------|
| AMBR | SETH E. ELLIS, ESQ. | TRIPP SCOTT, P.A. | |
| | | 4755 Technology Way, Ste 205 | ■ Remove |
| | | Boca Raton, FL 33431 | □ Change |
| AMBR | ROBERT H. FOX | 304 Sabai Palm Lane | ■ Add |
| | | Palm Beach Gardens, FL 33418 | □ Remove |
| | | | Change |
| | | | O Adds |
| | | | Remove 125 Changer 4: 25 |
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