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DATE:

02-26-14

NAME:

BAL HARBOUR YACHT CLUB, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

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ABBIE/PAUL HODGE **AUTHORIZATION:**

Fu =

COVER LETTER

TO:	Registration Section
	Division of Corporations

_{сст:} Bal Harbour Yacht Club, 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:

Name of Person	
Kaplin Stewart	
Firm/Company	
910 Harvest Drive	
Address	
Blue Bell, PA 19422	
City/State and Zip Code	
imcallister@kaplaw.com	
E-mail address: (to be used for future annual report notification	1)

For further information concerning this matter, please call:

Julie McAllister

_{.,},610、941-2475

Name of Person

Area Code

Davtime 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 tadditional 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

Bal Harbour Yacht Club, LLC						
(Name of the Limited I	Jability Company as it now approved Limited Liability Company	pears on our records.)				
The Articles of Organization for this Limited Liabi Florida document number <u>L07000098673</u>				and as	signed	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liability company	here:				
Bal Harbour Shell, LLC						
The new name must be distinguishable and end with the wor	ds "Limited Liability Company,"	the designation "LLC"	or the abbre	viation "	L.L.C."	_
Enter new principal offices address, if applicable	c:			;		
(Principal office address MUST BE A STREET A	(DDRESS)			2. CA	2011	,
					7	
		•		3 mg	B 2	#E 158-7 1
Enter new mailing address, if applicable:					σı	1
(Mailing address MAY BE A POST OFFICE BO	<u></u>			ું મું	37	1
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B. If amending the registered agent and/or registered agent and/or the new registered office		on our records,			of the	new
		,				
Name of New Registered Agent:				 		_
New Resistered Office Address:						
	Enter	Florida street address			•	
		, Flor				_
	City	 -	7	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 the Managers or Authorized Member on our records, enter the litle, name, and address of each Manager or Authorized Member being added or removed from our records:

	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			
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If amending any other information, enter change(s) here: (Atlaci	
	
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Jaicu	d cannot be more than 90 days after

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Filing Fee: \$25.00

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