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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

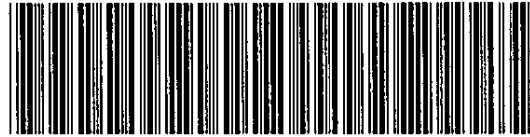
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J SHIVERS

427



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2015

CHRIS GRAEVE
7741 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

SUBJECT: 500 EXEC LLC
Ref. Number: L08000042885

We have received your document for 500 EXEC LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00017001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 500 EXEC 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:

CHRIS GRAEVE

Name of Person

500 EXEC LLC

Firm/Company

7741 N. MILITARY TRAIL

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Graeve

561

855-2037

Name of Person

at ()

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**

500 EXEC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/29/2008 and assigned
Florida document number L08000042885.

This amendment is submitted to amend the following:-

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7741 N. MILITARY TRAIL, SUITE 1

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHRIS GRAEVE MGRM

New Registered Office Address:

7741 N. MILITARY TRAIL, SUITE 1

Enter Florida street address

PALM BEACH GARDENS

Florida 33410

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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRIS GRAEVE	7741 N. Military Trail, Ste. 1	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BRIAN T. HEADY	406 19th STREET	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BARRY P. HEADY	491 PRIMROSE HILL ROAD	<input type="checkbox"/> Add
		RHINEBECK, N.Y. 12572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KATHLEEN M. DEMERS	35 OLD ROUTE 99	<input type="checkbox"/> Add
		RED HOOK, N.Y. 12571	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 SEP - 9 AM 10:5
SECRETARY OF CIA
PAUL A. HASTINGS, CLERK

15 SEP - 9 AM 10:58
 STATE
 DEPARTMENT

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUG 30, 2015

AUG 30, 2015



Signature of a member or authorized representative of a member

CHRIS GRAEVE
Typed or printed name of signee

Typed or printed name of signee