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To:

Division of Corporations

Fax Number : (850) 617~6383

From:

Account Name : PAUL A. KRASKER, P.A.

Account Number: I20090000078

: (561)515-2930

Phone Fax Number

: (561)515-2939

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH REAL ESTATE PARTNERS, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

Palm Beach Real Estate Partners, 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:

Paul A. Krasker

Name of Person

The Law Office of Paul A. Krasker, P.A.

Firm/Company

501 S. Flagler Drive, Suite 201

Address

West Palm Beach, FL 33401

City/State and Zip Code

pkrasker@kraskerlaw.com

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

For further information concerning this matter, please call:

Paul A. Krasker

at (561)515-2920

Area Code & Daylime Telephone Number

Name of Person

Euclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Pee & 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Real Estate Partners, I	LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record- nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on May 13, 2009	and assigned
Florida document number L09000046589	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable:		3 AUG CARIL
(Mailing address MAY BE A POST OFFICE BOX)		22 SS _R X
		me a m
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, <u>er</u> <u>85 here</u> :	nter the mine of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	la Zip Code
	Cuy	гір Соав

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
MGR	Joyce Crawford	250 S. Austrailian Avenue, Suite	1107 🗸 Add
		West Palm Beach, FL 33	401 Remove
VP	James Torrance	250 S. Australian Avenue, Suite	1107 📝 Add
		West Palm Beach, FL 334	401 Remove
			Add
			AUG AUG
			G 22 AM GROWN SSEEL FLORIDA
		*	Add
			Add
			Rémove

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D.	If amending any other information, onter change(s) here: (Attach additional sheets, if macessary).)	
Da	August 21 2013	
	Lineal D. Harbison	_
	Signature of a member or authorized representative of a member Lynell D. Harbison	
	Typed or printed name of signec	_

Page 3 of 3 Filing Fee: \$25.00

THU AUG 22 AM 9: 52
TALLIAHASSEE FLORIBA