Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Account Number: 120090000078 Phone : (561)801-7312

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. 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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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

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

Addres

West Palm Beach, FL 33401

City/State and Zip Code

pkrasker@kraskerlaw.com

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

For further information concerning this matter, please call:

Paul A. Krasker

_{.,},561、515-2920

Name of Person

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)

S60.00 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
Tallahassos, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H140001127383

PALM BEAC	H REAL	ESTATE	PARTNERS.	. LLC

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

(**************************************	
The Articles of Organization for this Limited Liability Co. Florida document number L09000046589	ompany were filed on May 13, 2009 and assigned assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the words "Lim	nited Limbility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addruged Name of New Registered Agent	tered office address on our records, <u>enter the name of the new</u> ress here:
New Registered Office Address:	
	Enter Florida street address
	City Planta Zip Code
New Registered Agent's Signature, if changing Registered	•
	·· ············
	and agree to act in this capacity. I further agree to comply with the

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or remoyed from our records:				
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
MGR	Sue J. Crawford	250 S. Australian Ave.		
		Suite 1107	≅ Remove	
		West Palm Beach, FL		
			Add	
			□ Remove	
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D. If amendi	ng any other information, enter change(s) here: (Attoc	h additional sheets, if necessary.)	H140001127383
<u></u>			
(The effective	date, if other than the date of filing:	(optional)	
the date this Dated	s document is filed by the Florida Department of State)		
	- James (du am		
	Signature of a member or authorized reprinted James /Torrance	_	
	Typed or printed name or	signee	

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Filing Fee: \$25.00