

03/14/2013 15:47  
03/14/13

03/14/13

ADAMS GAL LINAR PA  
Division of Corporations

PAGE 01/05

L09000072235

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

2013 MAR 14 AM 8:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

(((H13000059752 3)))



H130000597523ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

RECEIVED  
13 MAR 14 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

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

Email Address:

acamps@agilaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BTG PALM CORP INVESTOR, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

## COVER LETTER

(((H13000059752 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: **BTG PALMCORP INVESTOR, LLC**  
Name of Limited Liability Company

FILED  
2013 MAR 14 AM 8:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Annette Camps**

Name of Person

**Adams Gallinar, P.A.**

Firm/Company

**1000 Brickell Avenue, Suite 300**

Address

**Miami, FL 33131**

City/State and Zip Code

**acamps@agilaw.com**

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

For further information concerning this matter, please call:

**Annette Camps**

Name of Person

at ( **305 416-6800** )

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

(((H13000059752 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BTG PALMCORP INVESTOR, LLC**

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

**FILED**  
2013 MAR 14 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 27, 2009 and assigned  
Florida document number L09000072235.

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 end with 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)

**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:

New Registered Office Address:

*Enter Florida street address*

*Florida*

*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 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

| Title | Name                             | Address                         | Type of Action                             |
|-------|----------------------------------|---------------------------------|--|
| MGR   | BARRINGTON PALM CORP CREDIT, LLC | 247 SW 8TH STREET, #290         | <input type="checkbox"/> Add               |
|       |                                  | MIAMI, FL 33130                 | <input checked="" type="checkbox"/> Remove |
| MGR   | MICHAEL GALLINAR                 | 1000 BRICKELL AVENUE, SUITE 300 | <input checked="" type="checkbox"/> Add    |
|       |                                  | MIAMI, FL 33131                 | <input type="checkbox"/> Remove            |
|       |                                  |                                 | <input type="checkbox"/> Add               |
|       |                                  |                                 | <input type="checkbox"/> Remove            |
|       |                                  |                                 | <input type="checkbox"/> Add               |
|       |                                  |                                 | <input type="checkbox"/> Remove            |
|       |                                  |                                 | <input type="checkbox"/> Add               |
|       |                                  |                                 | <input type="checkbox"/> Remove            |
|       |                                  |                                 | <input type="checkbox"/> Add               |
|       |                                  |                                 | <input type="checkbox"/> Remove            |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAR 14 AM 8:04  
FILED  
Add  
Remove  
Add  
Remove

(((H13000059752 3)))

(((H13000059752 3)))

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2013 MAR 14 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H13000059752 3)))