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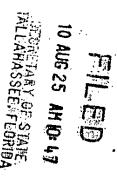
(Re	equestor's Name)	
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D. BRUCE
AUG 1 6 2010
EXAMINER

COVER LETTER

Division of Cor	rporations				
SUBJECT:	TRUMP PA	ALACE 4702, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	c	vyatoslav Mangushev			
		Name of Person			
		Name of Ferson			
			5	_d Σ=2,	
		Firm/Company			
				AAR S	
	1810	01 Collins Ave., Apt 4702		25 ASS	-
		Address		£41<	l,
					1,1
	Sunny Isles Beach, FL 33160				
	City/State and Zip Code			AM ID 43	
	s.mangushev@gmail.com E-mail address: (to be used for future annual report notification)			A A	
	E-mail address: (to be used for future annual report notifica	ition)		
For further information of	concerning this matter, please of	eall:			
	· · · · · · · · · · · · · · · · · · ·	at ()			
Name o	of Person	Area Code & Daytime 'I	Celephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is		

MAILING ADDRESS:

TO:

Registration Section

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

TRUMP PA	ALACE 4702, LL0		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appea lited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on	02/11/2010	and assigned
Florida document numberL10000016020			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	r <u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "	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:			10 AL
(Mailing address MAY BE A POST OFFICE BOX)			\$2 65 \\ \text{S} \\ \text{S}
			- MX 5 F
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
			D
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street ad	aress
	City	, Florida	Zip Code
	0.1.7		/

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

Wamending 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>	Name	Address	Type of Action
MGR	Mangushev, Andrey	18101 Collins Ave., Apt 4702 Sunny Isles Beach, FL 33160	✓ Add Remove
<u>MGR</u>	Mangusheva, Alena	18101 Collins Ave., Apt 4702 Sunny Isles Beach, FL 33160	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	ury.)
_			10 A
_			\$5.50 A
Dated	20 august . 2	2010	O LO
	Signature of a m	ember or authorized representative of a member	
	U_{i}	Svyatoslav Mangushev	
	Т	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00