L16000072495

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(Address)

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(Document Number)

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TALLAHASSEE, FLORIDA

LAW OFFICES

ROBERT E. O'CONNELL, P.A.

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ROBERT E. O'CONNELL, ESQ.*
*Board Certified-Aviation Law

Broward
1701 West Hillsboro Blvd., Suite 304
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Palm Beach
2385 NW Executive Center Dr.,
Suite 100
Boca Raton, Florida 33431
Tel: 561-999-3250
Fax: 954-977-7676

May 8, 2015

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: AVID Palm Beach, LLC
Florida Document No.: L10000072049

Dear Sir/Madam:

The enclosed Articles of Amendment are submitted for filing along with the required $25.00 filing fee by check made payable to the Florida Department of State.

Please return all correspondence concerning this matter to:

ROBERT E. O'CONNELL, ESQUIRE
ROBERT E. O'CONNELL, P.A.
1701 WEST HILLSBORO BLVD., SUITE 304
DEERFIELD BEACH, FLORIDA 33442
EMAIL: reo@reo-law.com

For further information concerning this matter, please call Robert E. O'Connell, Esquire: 954-482-0424.

Very truly yours,

ROBERT E. O'CONNELL

REO/kas
Enclosure(s)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AVID PALM BEACH, 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 July 8, 2010 and assigned Florida document number L10000072049.

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)

303B Anastasia Blvd.
PMB 142
ST. Augustine, FL 32080

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

303B Anastacia Blvd.
PMB 142
St. Augustine, FL 32080

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	TONY BUCKNOLE	3525 Village Blvd. Apt # 402 West Palm Beach, FL 33409	☐ Add ■ Remove
MGR	WILLIAM M. KALLOP	3525 Village Blvd. Apt # 402 West Palm Beach, FL 33409	☐ Add ■ Remove
MGR	WILLIAM M. KALLOP	P.O. Box 2666 HOUMA, LOUISIANA 70361	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 22, 2015.

Signature of a member or authorized representative of a member

William M. Kallop, Managing Member

Typed or printed name of signee

Filing Fee: $25.00

15 MAY 11 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA