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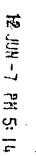
EXAMINER



000235549420

06/04/12--01026--028

**60.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Palm Beac	h Home Collection	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jacob Decker Name of Person		LC LC LC
		Name of Ferson	
palm		each Home Collection,L	LC ±
		Firm/Company	ب بن -
•		207 S. Dixie Highway	r ·
		Address	
	Was	st Palm Beach, FL 33405	3
	***************************************	City/State and Zip Code	
	info(@pbhomecollection.com	
·	E-mail address: (to be used for future annual report r	notification)
For further information	concerning this matter, please of	all:	
	acob Decker	at (<u>561</u>)	577 9024
Name	of Person	Area Code & Day	rtime 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 enclo	Section 1 Section 1 Section 2 Sectio
	INC ADDRESS.	errettico.	INITE ADDRESS.
MAILING ADDRESS: Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co Clifton Buildin	
	nassee, FL 32314	2661 Executive Tallahassee, FL	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

palm E	seach Home Collection,LLC	;	
(Name of the Limited 1	L <mark>iability Company as it now appears o</mark> Florida Limited Liability Company)	ı our records.)	ِینَ ـــــــ
(A	Florida Limited Liability Company)		É
The Articles of Organization for this Limited Lia Florida document numberL10000088		6/2/12	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	' the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>	4-,	
B. If amending the registered agent and/o registered agent and/or the new registered off	↔	records, enter t	he name of the nev
Name of New Registered Agent:	Jacob Decker		
New Registered Office Address:	243 Lakeland Dr.		
	Enter i	Florida street add	ress
	West Palm Beach	Florida	33405
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgrm	Jacob Decker	243 Lakeland dr WestPalm Beach,FL 33405 US	Add Remove
mgrm	Jonna T Clark	P.O.Box 2581 Jupiter,FL 33468 US	✓ Add Remove
mgrm	Constance Hill	470 Old towne Ln. Juno Beach,FL 33408 US	□ Add ☑ Remove
mgrm	Roxane Devochelle	470 Old Towne Ln. Juno Beach,FL 33408 US	Add Remove
			□Add □Remove
		·	Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
			_
			_
Dated	June 7th Jacol	Decker	
	Signature of a med	mber or authorized representative of a member Jacob Decker	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00