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D. BRUCE

SEP 0 7 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Divisio	n of Corporations	
SUBJECT:	PALM GARDEN UNIT 103-5 LLC Name of Limited Liability Company	
	Name of Emilieu Elability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	LUIS R SMITH	
	Name of Person	
	JESSEL INVESTMENTS LLC	
	Firm/Company	
	11402 NW 41ST STREET SUITE 211	ر ا
	Address	
	DORAL, FL. 33178	SEP -6 PH ZA 32 CRETARY OF STATE LAHASSEE, FLORID
	City/State and Zip Code	AR)
	LM.JESSEL@GMAIL.COM E-mail address: (to be used for future annual report notification)	-6 PH VRY OF SSEE. F
		OF STE
For further inform	nation concerning this matter, please call:	
	LUIS R. SMITH at (305) 470-2429	1>
·	Name of Person Area Code & Daytime Telephone Number	
	ck for the following amount:	
✓ \$25.00 Filing	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	19 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		UNIT103-5 LI					
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appears Jiability Company)	on our records.)	<u> </u>			
·							
The Articles of Organization for this Limited Li	were filed on	01/06/2011	and assigned				
Florida document number L11000023	370						
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here	::				
· · · · · · · · · · · · · · · · · · ·			•				
The new name must be distinguishable and end with	n the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviat	ion		
"L.L.C."							
Enter new principal offices address, if applicable:		11402 NW 419	ST STREET SUIT	E 211 #540			
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL. 3	3178		_		
					_		
Enter new mailing address, if applicable:	11402 NW 415	ST STREET SUIT	E 211 #540	_			
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL. 3	3178		_		
)	. :			
					= = = = = = = = = = = = = = = = = = =		
B. If amending the registered agent and/o registered agent and/or the new registered off			ir records, enter th	ie name of the no	èw 📆	time J	
	ice and ess here	•		SSE	9	I I I I I	
Name of New Registered Agent:	LUIS R. SMI	TH			PH	<u>.</u>	
			LUTE 044	STA FLOR		,,,,,,	
New Registered Office Address: 11402 NW 41ST STREET SUITE 211 SEnter Florida street address						*	
B							
		DORAL	, Florida	33178	-		
		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, thereby 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 Alvapace Holdings LLC 11271 NW 75TH LANE DORAL, FL, 33178 ☐ Add ☑ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPTEMBER 1ST , 2011

Signature of a member or authorized representative of a member

LUIS R. SMITH
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00