"L11000009583

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EXAMINER

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COVER LETTER

cuntect.	Palos Verd	des Holdings, LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
		Andres Leyva		_	
		Name of Person		34. N	
Palos Verdes Holdings, LLC					kale green
		Firm/Company			
	2800 Marina Mile Blvd Ste 111			20 N DEC 16 RM 4 28 SECHETARY OF STATE TALLAMASSEE, FLORID	
		Address			
	Ft. Lauderdale, FL 33351			OF THE	- Alaka
		- 漢 ^(*) 6 0			
	E-mail address: (to be used for future annual repor	t notification)		
For further information	concerning this matter, please	call:			
<u> </u>	Andres Leyva	at (800)	982-9059		
Name	of Person	Area Code & D	Paytime Telephone Numb	er	
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 end	closed) Certifie	iling Fee, ate of Status & ed Copy onal copy is enclose	d)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palo (Name of the Limited)	os Verdes Holdings, LLC Jability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
(A I	Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia	1/24/11	and assigned		
Florida document numberL110000095	583			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company her	<u>e</u> :	20f	
The new name must be distinguishable and end with L.L.C."	the words "Limited Liability Compa	my," the designation "	LLE or the bro	eviation
Enter new principal offices address, if applica	ble:		(N)	1
Principal office address MUST BE A STREET		ORA F	[¥]	
		· · · · · · · · · · · · · · · · · · ·	98 5	<u> </u>
			Sr. &	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
3. If amending the registered agent and/or egistered agent and/or the new registered offi		our records, enter	the name of th	<u>e new</u>
Name of New Registered Agent:	Mauricio Leyva			
New Registered Office Address:				
registered Strice Fragioss.	dress			
		, Florida		
	City	0	Zip Code	
lew Registered Agent's Signature, if changing Re	gistered Agent:		/ /	
hereby accept the appointment as registered he provisions of all statutes relative to the procept the obligations of my position as registed eing filed to merely reflect a change in the registry when has been notified in writing of this class	oper and complete performance ered agent as provided for in Ch gistered office address, I hereby	of ply duties, and I apter 608, J.S. Or,	arn familiar with fif this documen	h and

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> Name <u>Address</u> **Type of Action** VΡ Andres Leyva 2800 Marina Mile Blvd Ste 111 Add Ft.Lauderdale, FL 33312 Remove □ Add ☐ Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Sept 13th 2011 Signature of a member or authorized representative of a member Typed or printed name of signee auricio

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Filing Fee: \$25.00