

MAR. 25. 2015 7:49PM
3/24/2015

L11000011817

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

NO. 3669 P. 1

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jf.service@jonesfoster.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EL PUEBLO HOUSE, LLC

Certificate of Status	0
Certified Copy	1
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FILED
15 MAR 25 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR. 25. 2015 2:49PM

JONES FOSTER 561 650 0435

NO. 3669 P. 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL PUEBLO HOUSE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THORNTON M. HENRY, ESQ

Name of Person

JONES FOSTER JOHNSTON & STUBBS PA

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JFSERVICE@JONESFOSTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THORNTON M. HENRY

Name of Person

561

at ()

Area Code

659-3000

Daytime 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

MAR. 25. 2015 2:49PM

JONES FOSTER 561 650 0435 PAGE 1/001 Fax NO. 3669 P. 2



March 25, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EL PUEBLO HOUSE, LLC
293 EL PUEBLO WAY
PALM BEACH, FL 33480-3217

SUBJECT: EL PUEBLO HOUSE, LLC
REF: L11000011817

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records show the filing date of the company was January 27, 2011, please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H15000073448
Letter Number: 415A00005942

MAR. 25. 2015 2:50PM

JONES FOSTER 561 650 0435

NO. 3669 P. 4

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EL PUEBLO HOUSE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 27, 2011 and assigned Florida document number L11000011817.

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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

MAR. 25. 2015 2:50PM

JONES FOSTER 561 650 0435

NO. 3669 P. 5

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GAIL G. SLINGLUFF	20 AVENUE OF TWO RIVERS SOUTH	<input type="checkbox"/> Add
		RUMSON, NJ 07760	<input checked="" type="checkbox"/> Remove
MGR	GAIL G. SLINGLUFF	281 LIST ROAD	<input checked="" type="checkbox"/> Add
		PALM BEACH, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

MAR. 25. 2015. 2:50PM
03/23/2015 14:00 FRA

JONES FOSTER 561 650 0435

NO. 3669 P. 6

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

Article IV is here by amended as follows:

"ARTICLE IV, Managers. The Limited Liability Company shall be manager-
managed. The name and address of the current Manager is: Gail G. Slingluff,
251 List Road, Palm Beach, FL 33480."

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 March 23, 2015

Gail G. Slingluff
Signature of a member or authorized representative of a member

Gail G. Slingluff, Manager

Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00