1000022191

(Requestor's Name)		
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
/Di	siness Entity Nar	mo)
(Bi	ISINESS ENtry Nat	ne)
(Do	ocument Number))
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
,	U	
L		

2

•

Office Use Only



12/17/12--01031--006 **55.00

FILED 13 JAN -8 PH 3: 20 SECILLIARY OF STATE TALLAHASSEE, FLORIDA

 \checkmark

B. BOSTICK JAN - 9 2013 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

t.

THREE PALMS VILLA LLC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

HIRSCH J. ZIEGLER	
Name of Person	
THREE PALMS VILLA LLC Firm/Company	TALLAH
50 E CONCORD DRIVE Address	-B PH
MONSEY, NY 10952 City/State and Zip Code	3:25
HJZDDS @ JUNO. COM HOR A-CLASS	YLADY @ JUNO, COM

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

For further information concerning this matter, please call:

ZIEGLERat (845)352 - 7956Name of PersonArea Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status **1**\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

.

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 5.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

THREE PALMS VILLA 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 $\frac{\partial 2 / 2 2 / 2011}{100002 2 194}$ and assigned Florida document number $L 1100002 2 194$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
N/A				
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:	N/A
(Principal office address MUST BE A STREET ADDRESS)	TA
Enter new mailing address, if applicable:	N/A SSI &
(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:	NA	l	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

11

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 Makagers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

L. L.

L

<u>Title</u>	Name	Address	Type of Action
MGRM	FAY ZIEGLER	50 E CONCORD DRIVE	Add
		50 E CONCORD DRIVE MONSEY NY 10952	Remove
			Add
			Remove
			Add
			Remove
		ALLAHASSEE. PLORID	Add
			Add
			[Keniove
			Remove

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

٠ • ,

. 12 '3 2012 Dated _ Signature of a member of a member J. ZIEGLER Typed or printed name of signee HIRSCH

Page 3 of 3

Filing Fee: \$25.00

13 JAN -8 PM 3: 25 Em n n n n



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2012

HIRSCH J. ZIEGLER THREE PALMS VILLA LLC 50 E. CONCORD DRIVE MONSEY, NY 10953

SUBJECT: THREE PALMS VILLA LLC Ref. Number: L11000022194

We have received your document for THREE PALMS VILLA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the 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.

Barbara Bostick Regulatory Specialist II

Letter Number: 912A00030002

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314