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(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
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J. SAULSBERRY EXAMINER

COVER LETTER

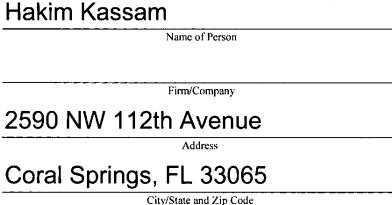
TO: Registration Section
Division of Corporations

SUBJECT. Cohen Palm Beach Condo, 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:



hakimkaaaam@amail.aam

hakimkassam@gmail.com

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

For further information concerning this matter, please call:

Hakim Kassam

{.,,}954`790-0092

Name of Person

Area Code & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter		ny as it now appears on a liability Company)	our records.)			
The Articles of Organization for this Limited I Florida document number L11000088427				_ and as	ssigned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
Kassam Palm Beach Condo, LLC						
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company,"	the designation "LLC	C" or the	abbrevi	iation
Enter new principal offices address, if applicable:		2590 NW 112th	Avenue			
(Principal office address MUST BE A STREET ADDRESS)		Coral Springs, Fl	_ 33065			
	_			≥.,	20	
				· ·	300	16474.44
Enter new mailing address, if applicable:)	
(Mailing address MAY BE A POST OFFICE BOX)					Ġ	
					- 15. - 15.	7.00.00
		-		32	.5	
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the	name	of the	new
Name of New Registered Agent:	Hakim Kass	sam				
New Registered Office Address:	2590 NW 1	12th Avenue				
New Registered Office Address.		Enter F	lorida street addres	is .		_
	Coral Springs , Florida 3306		35			
		City	, 1 1011444	Zip Coa	le	
B! TO 1. 1. 1						

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

han Dalm Danah Canda III C

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Hakim Kassam	2590 NW 112th Avenue	_ 🚺 Add
		Coral Springs, FL 33065	Remove
MGR	Cohen, Alan Trustee	12554 W. Atlantic Blvd	Add
		Coral Springs, FL 33071	Remove
MGR	Alan L & Jennifer L Cohen Revocable Trust	12254 W. Atlantic Blvd	Add
		Coral Springs, FL 33071	_ Remove
			Add
			Remove 20
			2013 OC Add
		TO SHOW THE	Remove 9.
			Add
			Remove

famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	Signature of a member or authorized representative of a member
	Hakim Kassam
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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ASSIGNMENT OF ALL MEMBERSHIP INTERESTS

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<u> </u>
<u> </u>

RESIGNATION OF MANAGER OF COHEN PALM BEACH CONDO, LLC

I, Alan Cohen, as Trustee of the Alan L. Cohen and Jennifer L. Cohen Revocable Trust, hereby resign my position as Registered Agent and as Manager of COHEN PALM BEACH CONDO, LLC, a Florida limited liability company, which resignation is effective as of September \mathcal{V} , 2013 at 5:00 p.m.

Alan Cohen

Date: September 24, 2013

State of Florida County of Broward

Swarn to and subscribed before me this

_X4_Day of_

Personally known to me or produced

Notery Public

Notary Public State of Florida Alfred L Cohert My Commission EE 839125 Expires 10/06/2016

ACCEPTANCE OF MANAGER'S RESIGNATION

On behalf of COHEN PALM BEACH CONDO, LLC, the undersigned, being the sole Member, hereby accepts the resignation of Alan Cohen, as Trustee of the Alan L. Cohen and Jennifer L. Cohen Revocable Trust, as Manager and as Registered Agent of the LLC.

Hakim Kassam, Member and Manager

Date: September 1, 2013

State of Florida County of Broward

Sworn to and subscribed before me this

24 Day of SEA

ay of 5217 2013

Personally known to me or produced

Notary Public

Notary Public State of Florida Alfred L Cohen

My Commission EE 839125 Expires 10/06/2015

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