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PICK-UP WAIT MAIL						
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G. MCLEOD

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COVER LETTER

MAIL COPY TO
DIVISION OF CORPORATIONS
11- July 2012

Division of C	orporations					
SUBJECT:	PALM AN	ITIQUE MALL LLC	;			
	<u></u>	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.				
Please return all corres	pondence concerning this matt	er to the following:				
		VICTOR ROBBINS				
		Name of Person				
	PA	LM ANTIQUE MALL I	LLC			
		Firm/Company				
	3918 NORTHLAKE BOULEVARD					
		Address				
	PALM I	BEACH GARDENS, F	L 33403			
		City/State and Zip Code				
	- Vand odd	oldteaks@bellsouth.ne	<u> </u>			
		•	port nourication)			
For further information	concerning this matter, please	call:				
VIC	TOR ROBBINS	at (772)	240-	0894		
Name	e of Person		& Daytime Telep	hone 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:

TO:

Registration Section

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

	A. Carrier	٠
12	AUG-6	En
MILLAN	6	
	ASSE CO	72.36
ecords.	** X	Coping .

PALM ANTIQUE MALL LLC

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

			E 104 10040	7
The Articles of Organization for this Limited L	• • •	were filed on	5/21/2012	and assigned
Florida document number L1200006	8226			
This amendment is submitted to amend the foll	owing.			
	owing.			
A. If amending name, enter the new name o	<u>f the limited liabil</u>	ity company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	ed Liability Company	," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applic	able:	-7768 S	Forh Rus	in Da
(Principal office address MUST BE A STREE	T ADDRESS)	STURN	F. F1.	
			349	
Enter new mailing address, if applicable:		Palan A	tion ma	11 110
(Mailing address MAY BE A POST OFFICE	POV)	20/12 1/	+1/ / A	1 40
mutung unin ES MAT DE AFOST OFFICE	<u>BUAJ</u>	37/8 NO	TALAME PIVE	1 21 22 - 2
		Palma C	seach band	lens F/ 33403
B. If amending the registered agent and/or the new registered of	or registered offi fice address here:	ce address on our	records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Vict	or Robb.	146	
New Registered Office Address:	39/8		Blub Florida street addre	
	0/			
	ralm B	each Gordo	ens, Florida	33403
		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, 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 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** <u>Name</u> **Address** Type of Action Remove Remove Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00