

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000232696 3)))



H120002326963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-5962

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALM BEACH FINANCIAL SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 SEP 21 AM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 SEP 21 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

G. MCLEOD
Corporate Filing Menu

Help

SEP 24 2012

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

PALM BEACH FINANCIAL SOLUTIONS, 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 08/01/2012 and assigned
Florida document number L12000073537

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 "LLC."

Enter new principal offices address, if applicable:

2047 Vista Parkway, Suite 200

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

2047 Vista Parkway, Suite 200

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33411

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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 603, 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

12 SEP 21 AM 10:30

FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		☐ Add ☐ Remove
	N/A		☐ Add ☐ Remove
	N/A		☐ Add ☐ Remove
	N/A		☐ Add ☐ Remove
	N/A		☐ Add ☐ Remove
	N/A		☐ Add ☐ Remove

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

N/A

Dated September 18, 2012

Signature of member or authorized representative of a member

HOWARD STEINBERG

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00