

SEP. 26. 2012 2:08PM

561 655 1109

NO. 0375

P. 1

Division of Corporations

Page 1 of 1

**L12000096115**

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.**

((H12000235858 3)))



H120002358583ABC1

**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 : *Ivy Rosenthal*  
Account Number : I19990000010  
Phone : (561) 832-3300  
Fax Number : (561) 655-1109

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

Email Address: agriswold@gulfstreamIP.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
324 ROYAL PALM WAY LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$55.00 |

**C. LEWIS**  
SEP 27 2012  
**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

46565.0005

<https://efile.sunbiz.org/scripts/efilcovr.exe>

9/26/2012

SEP. 26. 2012 2:08PM

561 655 1109

NO. 0375 P. 2

((H12000235858 3)))

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

**324 ROYAL PALM WAY LLC**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 SEP 26 AM 8:45

The Articles of Organization for this Limited Liability Company were filed on July 25, 2012 and assigned  
Florida document number L12000096115

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)

324 Royal Palm Way

Suite 217

Palm Beach, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

324 Royal Palm Way

Suite 217

Palm Beach, FL 33480

**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 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

((H12000235858 3)))

(((H12000235858 3)))

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>  |
|--------------|-------------------------------------|---|--|
| MGRM         | Alexander H. Griswold               | 260 Park Avenue<br>Palm Beach, FL 33480                       | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Armata Holdings<br>Management Corp. | 3030 S. Dixie Highway<br>Suite 5<br>West Palm Beach, FL 33405 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

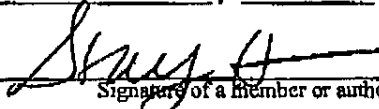
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 26, 2012



Signature of a member or authorized representative of a member

Stacey Halpern, Esq., Authorized Representative

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 SEP 26 AM 8:45

(((H12000235858 3)))