

7/28/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)208-3338
 Fax Number : (954)208-0845

****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
CLP LITTLE TORCH LLC

Certificate of Status		0
Certified Copy		1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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

CLP Little Torch 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 12/07/2012 and assigned
Florida document number L12000153215.

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 contain 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)

1801 S. Australian AvenueWest Palm Beach, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1801 S. Australian AvenueWest Palm Beach, FL 33409

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island RoadEnter Florida street addressPlantationFlorida33324CityZip 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eastwind Little Palm, LLC	5604 PGA Boulevard	☐ Add
		Suite 109	☒ Remove
		Palm Beach Gardens, FL 33418	☐ Change
MGR	Robert Schlesinger	1801 S. Australian Ave	☒ Add
		West Palm Beach, FL 33409	☐ Remove
			☐ Change
PRES	Robert Schlesinger	1801 S. Australian Ave	☒ Add
		West Palm Beach, FL 33409	☐ Remove
			☐ Change
VP	Adam Schlesinger	1801 S. Australian Ave	☒ Add
		West Palm Beach, FL 33409	☐ Remove
			☐ Change
VP	Jason Schlesinger	40 Randall Avenue	☒ Add
		Fresno, NY 11520	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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NAME OF WITNESSES: _____

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