May, 19, 2015/3:31PM BODOCOD No. 518 P. 13 Division of Carporations BODOCOD No. 518 P. 13 Barrier Los
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. (((H15000121697 3)))
H150001216973ABC%
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)617-6303 From: Account Name : PAUL A. KRASKER, P.A. Account Number : I20090000078 Phone : (561)801-7312 Fax Number : (561)515-2939
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: <u>dave Frishielgmeil.com</u>
Image: State of Status 0 Image: State of Status 0 Image: State of Status 0 Image: State of Stat
Electronic Filing Menu Corporate Filing Menu Help

*

;



May. 19. 2015 3:32PM		.97.7	FILED 518 P. 3/5	>	
	$H_{1500012}$	10775	MAY 19 AN 7: 42		
:	ARTICLES OF A	MENDMENT	PETARY OF STATE		
	ARTICLES OF O	RGANIZATION	LAHASSEE, FLORIDA		
T3 FAMILY INVES					
(Nii	me of the Limited Liability Compan (A Plorida Limited Li	y as it now appears on our recor ability Company)	<u>'ds.</u>)		
			2013		
The Articles of Organization for the		vere filed on	2013 and assigned		
Florida document number L13000					
This amendment is submitted to a	nend the following:				
A. If amending name, enter the	new name of the limited liabil	ity company here.			
A. It anteaung name, cher une	ALT AGAIN VI WIL HIMAN AND	ng company nord.			
The new name must be distinguishable as	nd contain the words "Limited Liabili	ty Company," flue designation "LI.	C" or the abbreviation 'T.J.C."		
	· ·	439 WORTH AVENUE			
Enter new principal offices addr		PALM BEACH, FL 33480			
(Principal office address MUST)	<u>BEASIREELADDREDD</u>	<u> </u>			
	÷				
The first is we are all the good drawers of go	wiliashia.	439 WORTH AVENUE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PALM BEACH, FL 33480	······································		
INTERINE GARTESS MALL BE A FO.	31 UFFICE BUAL				
i	:		· · · · · · · · · · · · · · · · · · ·		
			ds, enter the name of the ne	<u> </u>	
registered agent and/or the new	registered office address here				
Name of New Registered	d Agent	B			
New Registered Office &					
#17.1 <u>7</u>		Entor Florida street addr	R\$\$		
:	PALM BEACH	, F	lorida ³³⁴⁸⁰	•	
i		City	Zip Code		
New Registered Agent's Signature	if changing Registered Agent:		i i		
There has accept the minointmen	I as remistered open and agree	e to act in this capacity. I f	Sitther dares to comply with th	le.	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 Acent

Page 1 of 3

MI5000 1216973

May. 19. 2015 3:32PM

No. 1518 P. 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

4150001216973

MGR = Manager

AMBR - Authorized Member

Title	Name	Address	Type of Action
MGR	DAVID FRISBIE	439 WORTH AVENUE	🗄 Add
		PALM BBACH, FL 33480	Remove
			Change
MGR	FRANCIS X LYNCH	1209 NORTH OLIVE AVENUE	G Add
		West Palm Beach, FL 33401	Remove
		!	Change
			Add
		· <u> </u>	C Remove
			Change
	·		Add
		: ;	
		<u></u>	C Change
	·	· · · · · · · · · · · · · · · · · · ·	[] Add
		·····	Remove
		· · · · · · · · · · · · · · · · · · ·	
		:	Add
		:	CI Remove
		: : :	Change
	- 	Page 2 of 3	•
		larenaniale 522	:

May. 19. 2015 3:32PM

4150001210993

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

. <u></u>			~
	:		
	;	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	·	:
		·	
		· · · · · · · · · · · · · · · · · · ·	:
	<u> </u>		:
	1	· · · · · · · · · · · · · · · · · · ·	
····			······································
<u> </u>	;		<u>.</u>
<u> </u>	(<u></u> :	:	· ·
]	:	
,		· · · · · · · · · · · · · · · · · · ·	
````````````````````````````````	·	· · · · · · · · · · · · · · · · · · ·	1 1 :
	1	· ·	: :
	1		:
	1 2		
E. Effective date, if other than	the date of	filing: (optional)	
Note: If the date inserted in th	is block does	to and cannot be prior to date of filing or more than 90 days after filing.) Pursue not meet the applicable statutory filing requirements, this date will no	ant to 605,0207 (3)(b) of be listed as the
document's effective date on th	e Departmen	t of State's records.	•
	: : :		SECONS HAY
f the record specifies a dela b) The 90th day after the	ived effect record is f	ve date, but not an effective time, at 12:01 a.m. on th led.	
			ISSN 10
Dated Mary 19	:	2015	
			D MI 7: 42 E. FLORIDE
	Simabur	of a member or authorized representative of a member	A REF 5
		<i>/</i>	
	Don	N. K. Jogisque	
· · · · · · · · · · · · · · · · · · ·	:	Typed ar printed pame of signed	
	:		•
	· ·	Page 3 of 3	
	•	Filing Fee: \$25.00	
		i	
	$^{\pm}$ $\mathcal{M}$	15010 121 (2527	