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Account Number : I20000000210 Phone : (561)713-2095

Fax Number : (561)747-4113

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C. LEWIS

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Feb 15 ... 2013 2:56PM

ALL ELORIDA LAND TITLE COMPANY

(((H13000036972 3)))

TO:

Registration Section Division of Corporations

emp recor

8375 Palm, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philippe Jeck

Name of Person

Jeck, Harris, Raynor & Jones, P.A.

Firm/Company

790 Juno Ocean Walk, Suite 600

Address

Juno Beach, FL 33408

City/State and Zip Code

pjeck@jhrjpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hnasko

,561、713**-208**4

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
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(additional copy is enclosed)

☐\$60.00 Filing Fee,
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(additional copy is enclosed)

MAILING ADDRESS:

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

(((H13000036972 3)))

Feb.15. 2013 2:56PM

9275 Dales 11 A

ALL FLORIDA LAND TITLE COMPANY

ARTICLES OF AMENDMENT TO

No 5380 P. 3/5 SECAL(H13000036972 3))) DIVISION OF CORFORATION

ARTICLES OF ORGANIZATION 2013 FEB 15 AM 8: 26

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liabilit Florida document number L13000019663		and assigned	
This amendment is submitted to amend the following	· 3:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	1		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 -	, Flo	rida	
N. D. I. I. M. O	City	Lip 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.

(((H13000036972 3)))

If Changing Registered Agent, Signature of New Registered Agent

No.5380 Feb.15, 2013 2:56PM ALL FLORIDA LAND TITLE COMPANY 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, TARY OF 5 (A) (13000036972 3))) MGR = Manager 2013 FEB 15 AM 8: 26 MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action 8965 S.E. Bridge Rd., #9 **MGRM** Charles R. Modica Hobe Sound, FL 33455 8965 S.E. Bridge Rd., #9 🔽 Add **Andrew Belford MGR** Hobe Sound, FL 33455 Remove (((H13000036972 3))) Remove

0.10. 20	13" 2:56PM " ALL FLORIDA LAND (TITLE COMPANY:72 3))) NO.538	V Y Fus	- 0/004/00:
	OIVISION (TARY OF COL	. 07004700 LD OF STATE RPORATION
D. If eme	nding any other information, enter change(s) here: (Attach additional sheets, if necessary 58	15	4M 8: 26
-		• •	
-		•	
- -	February 15 2013	•	
Dated	Flale Pelolian		
	Signature of a member or authorized representative of a member Charles R. Modica		
	Typed or printed name of signes		
	Page 3 of 3		

Filing Fee: \$25.00