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(Requestor's Name)
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SECRETARY OF STATE

TAILANASSEE, FLORIDA

DEC 2 1 2015 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		·	
SUBJECT: Palp	n Beach Bea	ited Liability Company	ional LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_Christin	e A. Tramute	.10
		Firm/Company	
	5035 Fa	irways Circle	e Apt. 302
	Vero B	each FL 32 City/State and Zip Code	967
	Pinkrose 1 E-mail address: (City/State and Zip Code 03 @ ho + mail to be used for future annual report notifie	Cation)
For further information of	oncerning this matter, please ca	all:	
Christine	A. Hercea	at (772) 321 Area Code Daytime	- 6579 ST
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	(A Tromas Billinea Eli	company)		
The Articles of Organization for this Limited Li	ability Company v	vere filed on Oct.	22,20	5 and assigned
Florida document number L13000	060976		•	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	v Company," the designation	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic				
(Principal office address MUST BE A STREE	T ADDRESS)			
				京 第 五
Enter new mailing address, if applicable:				300 PT
(Mailing address MAY BE A POST OFFICE BOX)				
				िंदू छ
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered offi fice address here:	ce address on our r	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	_Chriv	tine A. H	erceq	ME 4-540 M - 41 A - 47 - 47 - 47 - 47 - 47 - 47 - 47 -
New Registered Office Address:	5035	Fairwa: Enter Florida stree	A Cic	cle Apt. 302
	_Ver o	Beach	, Florida	32967

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

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fective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date o	date must be specific as this block does not	nd cannot be prior to de meet the applicable]) g.) Pursuant to 605.020
e record specifies a d The 90th day after t			n effective time, a	at 12:01 a.m	. on the earlier (
ated 12 17	15	.,			
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Page 3 of 3

Filing Fee: \$25.00

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			Add
		****	Remove
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