L13000095015

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Diy	ision of Cor	porations			
SUBJECT:	PALOMIN	013 LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		JOSEPH P.MULLEN, AG	ENT		
			Name of Person		
		MULLEN & BIZZARRO.	P.A		
			Firm/Company		
		2929 E. COMMERICIAL BLVD, PH-C			
		Address			
		FORT LAUDERDALE, FL 33316			
		<u> </u>	City/State and Zip Code		
		JPMULLEN@MULLENB			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please co	all:		
JOSEPH P	MULLEN		954 772-9100		
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
₩ \$25.00 F	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)	
	****	NG ADDRESS.	empera/country	CD ADDRECC.	

MAILING ADDRESS:

TO:

Registration Section

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

L'.3

PALOMINO13 LLC				Sign of The Control o	
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)	ARY OF And assigned	
The Articles of Organization for this Limited L	iability Company	were filed on $\underline{}$	7/03/2013	and assemd	
Florida document number L13000095015	•			STATE LORIDA	
This amendment is submitted to amend the foll	owing:			DE O	
A. If amending name, enter the new name o	f the limited liab	ility company h	<u>ere</u> :		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the c	designation "LLC" or	the abbreviation "L.L.C."	_
Enter new principal offices address, if applic			.AND PARK BLVI		
(Principal office address MUST BE A STREE		FORT LAUDE	RDALE, FL 33311	1	- -
		<u></u>			_
Enter new mailing address, if applicable:		P.O. BOX 4175	5		
(Mailing address MAY BE A POST OFFICE	BOX)	FORT LAUDE	RDALE, FL 33338	3	_
					_
B. If amending the registered agent and registered agent and/or the new registered of			ı our records, <u>e</u>	enter the name of the	<u>new</u>
Name of New Registered Agent:	SNS REAL ES	TATE MANAGE	MENT LLC		
New Registered Office Address:	3075 W OAKL	AND PARK BLV	'D #200		
		Enter Flo	rida street address		_
	FORT LAUDE	RDALE	, Florid	la <u>33311</u>	_
		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 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.

SNS REAL ESTATE MANAGEMENT LLC

If Changing Registered Agent, Signature of New Registered Agent

BY: NOAM HANOCH AVRAHAMI, a member

Page 1 of 3

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>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			Change
MGR	M.I.M real estate management lic	601 W OAKLAND PARK BLVD;	
		OAKLAND PARK, FL. US 33311	■ Remove
			□ Change
MGR	SNS real estate management llc	3075 W OAKLAND PARK BLVC	
		#200	□ Remove
		FORT LAUDERDALE, FL 33311	☐ Change
			☐ Remove
			The Change
		F OF S	O DTANA
		RY OF STATE	ມຸ ວາ □ Remove
		~ .E"	☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffectiv	ve date, if other than the date of filing: (optional)
an effe ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated_	June 17, 2016.
	Auralo D N 11 DO

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Filing Fee: \$25.00