

Florida Department of State Division of Corporations

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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: pKrasKer @ KrasKer law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH COMMERCIAL PARTNERS, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

PALM BEACH COMMERCIAL PARTNERS, LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concoming this matter to the following:

Paul A. Krasker

Name of Person

The Law Office of Paul A. Krasker

Firm/Company

501 S. Flagler Drive, Suite 201

Addres

West Palm Beach, FL 33401

City/State and Zip Code

pkrasker@kraskerlaw.com

B-mail address: (to be used for future around report notification)

Por further information concerning this matter, please call:

Paul A. Krasker

_{...}561,515-2920

Name of Person

Area Code & Daytime Telephone Number

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Cortified Copy
(additional copy is enclosed)

O\$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/COURFER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH COMMERCIAL PARTNERS, 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 Comparing the Florida document number <u>L13000161540</u> .			_ and assigned	
This amendment is submitted to amend the following:				
A. If swending name, enter the new name of the limited i	lability company h	ere;		
		•	景の	155
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Com	pany," the designation "LL	C" or the abbreviation	on
Enter new principal offices address, if applicable:			3.3	_
(Principal office address MUST BE A STREET ADDRESS			i i i i i i i i i i i i i i i i i i i	(ر
	-			27 1.N
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Enter new malling address, if applicable:		· · · · · · · · · · · · · · · · · · ·		(
(Mailing address MAY BE A POST OFFICE BOX)				,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address! Name of New Registered Agent: New Paristered Office Address:		our records, enter the	name of the ne	Ⅲ
New Registered Office Address:	1	inter Florida street addre	53	•
		. Florida		
	City	J 101 MA	Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>nt</u>			
I hereby accept the appointment as registered agent and i	norse to act in this	concelts I further core	e to comply with	

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or Managin	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:					
MGR = Mai MGRM = M	t = Manager IM = Managing Member					
Title	Name	Address Type of Action				
MGR	DALE DONOVAN	250 S. Australian Avenue				
		West Palm Beach, FL 33401				
		Remove 28				
		Remove φ				
		Add				
		Add				
		Add				

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December 12	2013
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	Marendon
Signature	of a member or authorized representative of a member
JAMES TORRANC	7 1
DAMES TOTALITY	Types or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00