

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000122562 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL A. KRASKER, P.A.

Account Number : 120090000078

Phone

: (561)801~7312

Fax Number

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

Certificate of Status	0
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Corporate Filing Menu Five 21 Mg Help

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

# 4150001225623

### **COVER LETTER**

Division of C	orp <b>orations</b>		
	ch Commercial Partners LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing	
	pondence concerning this matter	·	
	bourges occupational was unaver	W WAY TO THE	
	Paul A Krasker		·
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	The Law Office of Paul A	Krasker PA	
		Firm/Company	
	501 S Flagler Dr., Ste 201		
		Address	
	West Palm Beach, FL 334	101	
		City/State and Zip Code	
	pkrasker@kraskerlaw.com E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Paul A. Krasker	•	561 252-9192 at (	
Name	e 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: stration Section	STREET/COURIE Registration Section	
	sion of Corporations	Division of Corpora	

H1502012250 23

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



May 20, 2015

#### FLORIDA DEPARTMENT OF STATE

PALM BEACH COMMERCIAL PARTNERS, LLC
2005 VISTA PARKWAY, STE. 100
WEST PALM BEACH, FL 33411

SUBJECT: PALM BEACH COMMERCIAL PARTNERS, LLC

REF: L13000161540

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H15000121629 Letter Number: 215A00010594

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15 MAY 20 PM 1: 52
SECRETARY OF STATE
TALLAHASSEE, FLORID

P.O BOX 6327 - Tallahassee, Florida 32314

HIFO001225623

## 4150001225623

No. 1529 P. 4

### 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.) Florida Limited Liability Company)	hig I
The Articles of Organization for this Limited Liabi Florida document number L13000161540	ility Company were filed on 11/18/2013	and assigned,
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbrevistion "L.L.C."
Enter new principal offices address, if applicabl	le;	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> e address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aildress	
	, Florida	
-	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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	James A Torrance III	2005 Vista Parkway, Ste 100	□ Add
		West Palm Beach, FL 33411	■ Remove
			☐ Change
			□ Remove
			☐ Change
		·	Add
			□ Remove
			Change
			Rémove
			TA Addi
			TI S TI STORE REMOVE
			☐ Change
		·	Add
			☐ Remove
			Change

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# 4150001225623

No. 1529 P. 6

	/	Carrie - Angle and Commen	<del></del>	新京 宝
	Signature of a member or	MQ	of a member	28 28
ated May 14	2015	·		TALL TALL
e record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effective	time, at 12:01 a,n	n, on the earlier o
ocument's effective date on the De	partment of State's reco	rds.	0 - 11	
ffective date, if other than the an offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	date of filing:  be specific and cannot be pack does not meet the an	nior to date of filing or a	core than 90 days after filling requirements, this di	rl) ng.) Pursuant to 605.0201 ito will not be listed as
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Filing Fee: \$25.00