

L14000034449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

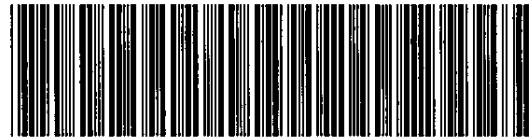
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/14--01020--018 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2014
S. YOUNG



STUART L. GROSSMAN
WRITER'S DIRECT LINE: 305.403.2487
E-MAIL: sig@lkslg.com

September 3, 2014

Via Federal Express delivery
Secretary of State
Division of Corporations
ATTN: REGISTRATION SECTION
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment

Dear Sir or Madam:

Enclosed please find a cover letter and Article of Amendment for the following companies:

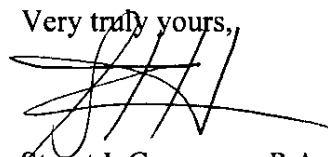
1. 2560 S. OCEAN, LLC
2. 2842 S. OCEAN, LLC
3. AARON DRIVE HOLDINGS, LLC
4. BRANDON PRESCOTT GALLERIES, LLC
5. COURTNEY PARK, LLC
6. GRAND ISLAND AVIATION, LLC
7. GULF ISLAND AVIATION, LLC
8. HOSPITALITY OF PALM BEACH, LLC
9. JET GREENE, LLC
10. PORTOFINO JENSEN BEACH, LLC
11. ROYAL POINCIANA WAY, LLC
12. SEA GREENE, LLC
13. THINK GREENE, LLC
14. CLEMATIS 313, LLC
15. PALM BEACH FINANCIAL TOWER, LLC
16. 62 WOOSTER, LLC
17. PALM BEACH PRODUCTIONS, LLC
18. SUITES IN BOCA, LLC

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Secretary of State
Division of Corporations
September 3, 2014
Page 2

Pursuant to your office's instructions, I am enclosing a filing fee check in the amount of \$25.00 for each above referenced company. Thank you for your assistance. Should you have any questions, please do not hesitate to call me.

Very truly yours,

A handwritten signature in black ink, appearing to be "Stuart I. Grossman", written over the closing "Very truly yours,".

Stuart I. Grossman, P.A.

SIG:kh
Enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PALM BEACH FINANCIAL TOWER, 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:

STUART I. GROSSMAN

Name of Person

LEVINE KELLOGG LEHMAN SCHNEIDER + GROSSMAN LLP

Firm/Company

201 S. BISCAYNE BLVD - 22ND FL

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SIG@LKLSG.COM

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

For further information concerning this matter, please call:

STUART GROSSMAN

Name of Person

at **305** **403-8788**

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)

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

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TALLAHASSEE, FLORIDA

PALM BEACH FINANCIAL TOWER, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALISON COLBERT	95 NORTH COUNTY ROAD	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input type="checkbox"/> Remove
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 25, 2014



Signature of a member or authorized representative of a member

EDWARD LEEVAN

Typed or printed name of signee

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Filing Fee: \$25.00

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