L1400034449

(Requestor's Name)					
(Address)					
	(,				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	:#)			
_					
☐ PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nam	ne)			
(8-3)	,	,			
	•				
(Doi	cument Number)				
Certified Copies	Certificates	of Status			
G		-			
Special Instructions to Filing Officer:					
		-			





500263648235

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

FILED

14 SEP -4 PH 4: 41

SECRETARY OF STATE

ALL AHASSES FLOSION

SEP 11 2014 S. YOUNG



STUART L GROSSMAN WRITER'S DIRECT LINE: 305,403,2487 E-Mail: sig@lklsg.com

September 3, 2014

Via Federal Express delivery

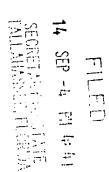
Secretary of State
Division of Corporations
ATTN: REGISTRATION SECTION
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



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,

Stuart I. Grossman, P.A.

SIG:kh Enclosure

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

_{4/}305 403-8788

Name 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)

.=

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

	ACH FINANCIAL TOWER, LL	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 Shines Shioling Company,	
The Articles of Organization for this Limited Liability C	Company were filed on 2/28/14	and assigned
Florida document number L14000034449		
Florida document number	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-1,0
(Principal office address MUST BE A STREET ADD)	RESS)	
		岩田岩田
	# B #	125: 1 T
		当
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ं इंटर
		等别 王
B. If amending the registered agent and/or regis	stered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered office add		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	_:	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

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

g . . 3

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address Type of Action		
MGR	ALISON COLBERT	95 NORTH COUNTY ROAD GO Add		
		PALM BEACH, FL 33480 Remove		
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD		
		PALM BEACH, FL 33480 Remove		
		Add		
		□ Add		
		SCORE Add F		
		Add		
		Remove		

D. If amending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: _ (The effective date must be specific, cannot be prior to date of	(optional)
(The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	State)
Dated August 25, 2	 .
Sille	
Signature of a men	iber or authorized representative of a member
EDWARD LEEVAN	
Ту	ped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 SEP -4 PH 4: 4|
SECRETAR (STATE