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SECRETARY OF GLADE

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COVER LETTER

TO:

Registration Section
Division of Corporations

PALM BEACH PRODUCTIONS, 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 Boulevard, 22nd Floor

Address

Miami, FL 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

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

PALM BEACH PRODUCTIONS, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 04/07/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	132. Company	11 1 1 C 2
The new name must be distinguishable and end with the words "Limited Life	ability Company," the designation "LLC" or the	ie appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		全部 名 丁
		1255 - F
Enter new mailing address, if applicable:		開発の国
(Mailing address MAY BE A POST OFFICE BOX)		
		FACTOR OF
		The same that th
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
Title	<u>Name</u>	Address	Type of Action
MGR	Adrianne Silver	201 S. Biscayne Blvd.	🗆 Add
		22nd Floor	■ Remove
-		Miami, FL 33131	
			□ Remove
			<u> </u>
			Add
			Remove
			SEP 1
			Remove
	•		☐ Remove
			Add
			☐ Remove

If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
•	
Effective date, if other than the date of f. The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	iling: (optional) to date of receipt or filed date and cannot be more than 90 days after tment of State)
Dated September 15	2014
all	
-	of a member or authorized representative of a member
Edward Leevan	
·····	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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