# L140000 6224

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08/05/14--01005--007 \*\*25.00

### COVER LETTER

TO:

Registration Section **Division of Corporations** 

11240 Island 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:

Stephen Garchik

Name of Person

11240 Island LLC

Firm/Company

4800 N Federal Hwy, Ste 105D

Boca Raton, FL 33431

City/State and Zip Code

sgarchik@sjmpartners.com

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

For further information concerning this matter, please call:

Philip Kaan

 ${\rm at} \underbrace{(561)}_{Area\ Code} \underbrace{391\text{--}2884}_{Daytime\ Telephone\ Number}$ 

Name of Person

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

11240 Island LLC ( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 5/21/2014	and assigned
lorida document number L14000082266		and acorginu
ionda document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
<u> </u>	<del></del>	
he new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<del>- • •</del>	
2.4		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of	ffice address on our records or	stor the name of the
egistered agent and/or the new registered office address her		iter the name of the
		<u>;</u> •
Name of New Registered Agent:		.2-
No. Decision 1000 at 11 and		:. G
New Registered Office Address:	Enter Florida street address	26 1
	TH. 11	1000 F
	, Florida	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	- !	
hereby accent the appointment as registered agent and agr		

If Changing Registered Agent, Signature of New Registered Agent

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 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>:

<u> Citle</u>	<u>Name</u>	Address	Type of Action
MGR	Palm Beach Opportunities LLC	880 Dover St	D Add
		Boca Raton, FL 33487	■ Remove
MGR	Palm Beach County Opportunities LLC	880 Dover St	
		Boca Raton, FL 33487	□ Remove
			Add
			□ Add

o date of receipt or filed date and cann	(optional) ot be more than 90 days after
2014	
cordile	line of a manufacture
of a member or authorized representat	ive of a member
	ling: o date of receipt or filed date and cannot the contract of State) 2014  of a member or authorized representat

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Filing Fee: \$25.00