

#L14000112180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

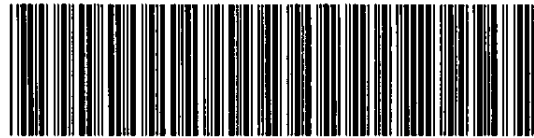
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 3 2014



THE KARP LAW FIRM

A Professional Association

Elder Law • Estate Planning & Administration • Probate • Disability, Special Needs, Medicaid & Veterans Benefits Planning

*Please Reply to:
Palm Beach Gardens*

JOSEPH S. KARP

Florida Certified Elder Law Specialist
Certified Elder Law Attorney, Natl. Elder Law Foundation
Member, FL & NY Bar

GENNY BERNSTEIN

Florida Certified Elder Law Specialist

GINA GRANDINETTE

ADELE SMALL HARRIS

T. J. HEINEMANN, LL.M.

Of Counsel

RACHEL GOLDSTEIN ZETOUNI

ADMINISTRATOR

Audrey L. Yeager, CP

August 21, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization of 1711 3rd Avenue North, LLC

To Whom it May Concern:

Enclosed for filing, please find the following Articles of Amendment to Articles of Organization for 1711 3rd Avenue North, LLC. and this firm's check #70867 in the amount of \$25.00 representing the filing fee for the above Articles of Amendment.

Please also forward the receipt of filing in the stamped self-addressed envelope enclosed to this office.

Should you have any questions, or need anything further, please do not hesitate to contact our office.

Very truly yours,

Lynn Merone

Estate Planning Assistant

Direct: (561) 472-7480

Email: lmerone@karplaw.com

/lam
Enclosures

Quantum Park, Suite 203
2500 Quantum Lakes Drive
Boynton Beach, FL 33426
(561) 752-4550 Fax: (561) 625-0060

2875 PGA Boulevard, Suite 100
Palm Beach Gardens, FL 33410-2910
(561) 625-1100 Fax: (561) 625-0060
(Main Office)

Seacoast Banking Centre
Suite 102
1100 S. W. St. Lucie West Boulevard
Port St. Lucie, FL 34986
(772) 343-8411 Fax: (561) 625-0060

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1711 3RD AVENUE NORTH, 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:

T.J. HEINEMANN, ESQ.

Name of Person

THE KARP LAW FIRM, P.A.

Firm/Company

2875 PGA BLVD, SUITE 100

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

tjheinemann@karplaw.com

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

For further information concerning this matter, please call:

T.J. HEINEMANN

Name of Person

at 561 625-1100

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

1711 3RD AVENUE NORTH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 16, 2014 and assigned Florida document number L14000112180.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

436 WASECA DRIVE

LANTANA, FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

436 WASECA DRIVE

LANTANA, FL 33462

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DOUGLAS S. SWAN

New Registered Office Address:

436 WASECA DRIVE

Enter Florida street address

LANTANA

City

, Florida 33462

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.


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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM HERZER	3172 2ND AVENUE NORTH	<input type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Remove
MGR	JOSEPH S. KARP	2875 PGA BLVD, SUITE 100	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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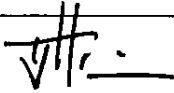
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PALM BEACH, FL 33401

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 20, 2014



Signature of a member or authorized representative of a member

T.J. HEINEMANN, AUTHORIZED REP.

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA