L14000116998

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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	PALM BEA	ACH RENOVATIONS,	LLC	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		Robert M. Kesten, Es	sq.	
			Name of Person	
		Leslie Robert Evans	& Associates, P.A.	
			Firm/Company	·
		214 Brazilian Ave., S	Suite 200	
			Address	
		Palm Beach, FL 334	80	
			City/State and Zip Code	
		rkesten@lrevanspa.co		
		E-mail address: (to	o be used for future annual report notificat	ion)
For further i	nformation con	cerning this matter, please ca	11:	
Robert M	. Kesten, Es	sq.	561 832-8288	
	Name of P	erson	Area Code Daytime Te	elephone Number
Enclosed is	a check for the	following amount:		
\$25.00 F	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:

TO:

Registration Section

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 RENOVATIONS, LLC

(<u>Name of the Lim</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) Dany)		
The Articles of Organization for this Limited I Florida document number <u>L14000116998</u>	Liability Company were filed o	on 07/25/2014	and assig	ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compa	ny here:		
The new name must be distinguishable and end with the	e words "Limited Liability Company	," the designation "LLC" or the	e abbreviation "L.I	C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>	SIA
		·	ОСТ	<u> </u>
			27	- 독평** - 4명#
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE	(BOX)			
			သ	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			r the name of	f the new
New Registered Office Address:	214 Brazilian Ave., S	uite 200		
	Ent	er Florida street address		<u>.</u>
	Palm Beach	, Florida 🥞	33480	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performan sistered agent as profided fo registered office address, I	ce of my duties, and I an r in Chapter 605, F.S. O	n familiar with r, if this docum	and ient is

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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>

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action **AMBR** Thomas, Dave 11NW 7th St. Delray Beach, FL 33444 ■ Add ☐ Remove **AMBR** Sabatino, Geoffrey 11NW 7th St., Delray Beach, FL 33444 Add ☐ Remove □ Remove .. □ Add □ Remove □ Add □ Remove □ Add ____ □ Remove

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