

L14000150108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

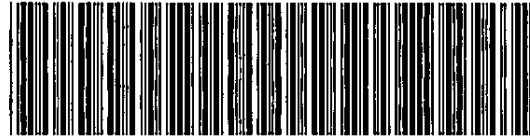
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J SHIVERS



201 South Biscayne Blvd.  
22nd Floor, Miami Center  
Miami, Florida 33131  
Phone: 305.403.8788  
Fax: 305.403.8789

STUART I. GROSSMAN  
WRITER'S DIRECT LINE: 305.403.2487  
E-MAIL: [sig@ldsg.com](mailto:sig@ldsg.com)

October 30, 2015

**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:

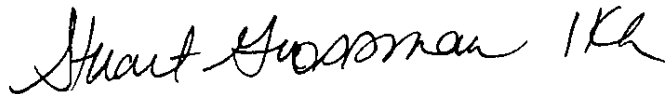
Enclosed please find a cover letter and Articles of Amendment for the following companies:

1. 2111 Flagler, LLC
2. Think Greene, LLC
3. Jet Greene, LLC
4. Gulf Island Aviation, LLC
5. Grand Island Aviation, LLC
6. 62 Wooster, LLC
7. Aaron Drive Holdings, LLC
8. Sea Greene, LLC
9. Brandon Prescott Galleries, LLC
10. Courtney Park, LLC
11. Portofino Jensen Beach, LLC
12. Hospitality of Palm Beach, LLC
13. 2560 S. Ocean, LLC
14. Royal Poinciana Way, LLC
15. Palm Beach Financial Tower, LLC
16. Clematis 313, LLC
17. Suites in Boca, LLC
18. 2211/2215 Ponce Partners, LLC

Secretary of State  
Division of Corporations  
October 30, 2015  
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Pursuant to your office's instructions, I am enclosing one check in the amount of \$450.00 to cover the fee for filing the Articles. Thank you for your assistance. Should you have any questions, please do not hesitate to call me.

Very truly yours,

A handwritten signature in black ink that reads "Stuart I. Grossman" followed by the initials "IKh". The signature is written in a cursive, flowing style.

Stuart I. Grossman, P.A.

SIG:kh  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2111 FLAGLER, 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, P.A.  
\_\_\_\_\_  
Name of Person  
  
Levine Kellogg Lehman Schneider + Grossman LLP  
\_\_\_\_\_  
Firm/Company  
  
201 S. Biscayne Boulevard, 22nd Floor, Miami Center  
\_\_\_\_\_  
Address  
  
Miami, FL 33131  
\_\_\_\_\_  
City/State and Zip Code  
  
sig@klsg.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart I. Grossman \_\_\_\_\_ at ( 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**

2111 FLAGLER, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/25/14 and assigned Florida document number L14000150108.

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 contain 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

*Zip Code*

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**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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ADRIANNE SILVER	95 NORTH COUNTY ROAD	<input type="checkbox"/> Add
		PALM BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEFFREY B. GREENE	95 NORTH COUNTY ROAD	<input checked="" type="checkbox"/> Add
		PALM BEACH, FLORIDA 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV - 3 AM 8:28


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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 10/27/15, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

EDWARD LEEVAN  
\_\_\_\_\_  
Typed or printed name of signee