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| PICK-UP                 | ☐ WAIT              | MAIL      |
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SECRETARY OF STATE

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## **COVER LETTER**

| Div            | ision of Corp   | orations                                     |   |  |
|----------------|-----------------|--|---|--|
| SUBJECT:       | PANFLA-         | TREASURE COAST, L                            | LC  |  |
| SUBJECT.       |                 | Name of Limit                                | ed Liability Company  |  |
|                | n               |  |   |  |
| The enclosed   | l Articles of A | mendment and fee(s) are subm                 | nitted for filing.  |  |
| Please return  | all correspond  | dence concerning this matter to              | o the following:  |  |
| •              |                 | Edwin C. Lunsford, III                       | I   |  |
| Ĵį.            |                 |  | Name of Person  |  |
|                |                 | Eavenson Fraser & L                          | usnford P.L.  |  |
|                |                 |  | Firm/Company  |  |
|                |                 | 2000 PGA Blvd. Suite                         | ∋ 3200A   |  |
|                |                 |  | Address   |  |
|                |                 | Palm Beach Gardens                           | s, FL 33408   |  |
|                |                 |  | City/State and Zip Code   | New York Control of the Control of t |
|                |                 | elunsford@EFLELaw.                           | COM  be used for future annual report notificat                     | ion)   |
| For further in | nformation con  | ncerning this matter, please cal             | •   |  |
| Ed Lunsfo      | ·               |  | at () 626-1011at () Daytime Te                                      |  |
|                | Name of l       | Person                                       | Area Code Daytime Te  | elephone Number  |
| Enclosed is a  | check for the   | following amount:                            |   |  |
| □ \$25.00 F    | iling 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

Registration Section

TO:

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

## PANFLA-TREASURE COAST, LLC

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

| ·  | 3 1 37   |                                      |
|--|--|--------------------------------------|
| The Articles of Organization for this Limited Liability Company  | were filed on 10/06/2014   | and assigned                         |
| Florida document number L14000155597   |  |                                      |
| This amendment is submitted to amend the following:  |  |                                      |
| A. If amending name, enter the new name of the limited liab $\setminus$  | oility company here:   |                                      |
| The new name must be distinguishable and end with the words "Limited Lial  | hilia Common "abo Joinnain "I I C" on the  | hhaviation "I I C"                   |
| The new name must be distinguishable and end with the words. Limited Liai  |  | objeviation L.L.C.                   |
| Enter new principal offices address, if applicable:  | 4440 PGA Blvd. Suite 505   |                                      |
| (Principal office address MUST BE A STREET ADDRESS)  | Palm Beach Gardens, FL 3341  | 0                                    |
|  |  |                                      |
| Enter new mailing address, if applicable:  | 4440 PGA Blvd. Suite 505   |                                      |
| (Mailing address MAY BE A POST OFFICE BOX)   | Palm Beach Gardens, FL 3341  | 0                                    |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  |  | the name of the nev                  |
|  |  |                                      |
| Name of New Registered Agent:  |  |                                      |
| New Registered Office Address:   |  | 7                                    |
|  | Enter Florida street address   | S C C COMMUNITY                      |
|  | , Florida  | ig R in                              |
|  | City   | Zip Catle                            |
| New Registered Agent's Signature, if changing Registered Agent:  | į  | 28<br>Em 28                          |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | e performance of my duties, and I am fo<br>provided for in Chapter 605, F.S. Or, | amiliar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records: MGR =. Manager AMBR = Authorized Member **Title** Name <u>Address</u> **Type of Action** \_□ Add ☐ Remove \_□ Add □ Remove □ Add ☐ Remove ☐ Remove □ Add

Page 2 of 3

□ Remove

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| e effective date must be specific, cannot be prior to one date this document is filed by the Florida Departm  | date of receipt or filed date and cannot be more than 90 days after ent of State)        |
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| e effective date must be specific, cannot be prior to ce date this document is filed by the Florida Department ted October 29   | date of receipt or filed date and cannot be more than 90 days after ent of State)        |

Page 3 of 3

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