L14000165249

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)) .
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COVER LETTER

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SUR IFCT:		ACH CLASSICS HOLDINGS,	LLC	
SUBJECT,			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter (to the following:	
		SIDNEY VALLON		
			Name of Person	
		PALM BEACH CLASSIC	S HOLDINGS, LLC	
			Firm/Company	
		8983 OKEECHOBEE BLV	VD # 202-170	
			Address	
		WEST PALM BEACH, FI	_ 33411	
			City/State and Zip Code	······································
		SIDNEYVALLON@HOTN		N
			to be used for future annual report noti-	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
SIDNEY V	ALLON		561 762-6244	
	Name of	l Person	at (at Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	Piling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

PALM BEACH CLASSICS HOLDINGS, 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 _10/22/2014 and assigned Florida document number _L14000165249 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 "LLC." 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

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>	Type of Action
MGRM	SIDNEY VALLON	1029 N FLORIDA MANGO	
		SUITE 1	■ Remove
		WEST PALM BEACH, FL 33409	□ Change
AMBR	VALLON, SIDNEY & SHAND, SIMONE	8983 OKEECHOBEE BLVD	≅ Add
		#202-170	□ Remove
		WEST PALM BEACH, FL 33411	Change
			Add
			□ Remove
			□ Change
		<u> </u>	□ Remove
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Dated	MARCH 4	<u>, Jol</u> C.	~
	8.1 4/11		16 I SEC ALL
	Signature o	f a member or authorized representative of a memb	er HAR
	SIDNEY VALLON		SSE NO TO
	- PINNEY AUTON	Typed or printed name of signee	PHI2: 5
			112:5

Filing Fee: \$25.00