

10-24-2014

03:27 PM

FROM-GARYDYTRYCHRYAN

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000249630 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

Phone : (561) 844-3700

Fax Number : (561) 844-2388

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lcampbell@gdr-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LTVNPB, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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14 OCT 24 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 24 AM 8:50

FILED

OCT 27 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LTVNPB, 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 10/24/2014 and assigned Florida document number L14000166179.

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)

701 U.S. Highway One, Suite 402 North Palm Beach, FL 33408

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

c/o James H. Ryan, Esq. 701 U.S. Highway One, Suite 402 North Palm Beach, FL 33408

SECRETARY OF STATE CLERK'S OFFICE OCT 24 AM 8:50

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: James H. Ryan

New Registered Office Address: 701 U.S. Highway One, Suite 402 Enter Florida street address

North Palm Beach, Florida 33408 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.

James H. Ryan If Changing Registered Agent, Signature of New Registered Agent

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**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	James H. Ryan	701 US Highway One, Suite 402	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove

MGR	Denise M. Sexton	2725 PGA Blvd.	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove

14 OCT 2 AM 8:50  
 SECRETARY OF STATE  
 PALM BEACH GARDENS, FLORIDA

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary, (((H14000249630 3)))*

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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 October 24, 2014

*James H. Ryan*

Signature of a member or authorized representative of a member

JAMES H. RYAN

Typed or printed name of signer

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