L14000194669

(Requestor's Name)
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,
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SECRETARY OF STATE

JUN 0 1 2015

COVER LETTER

Division of Cor	porations	<i>B</i>	₽°			
	RTURE GROUP, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	_				
ricase return an correspo	VALERIE AMAYA	to the following.				
		Name of Person				
FREDERIC T. DEHON, JR., P.A.						
Firm/Company						
5606 PGA BLVD, SUITE 211						
		Address				
	PALM BEACH GARDEN	IS, FL 33418				₹.,
		City/State and Zip Code			5 HA	SICK
	VALERIE@MATHISONL E-mail address: (AW.ORG to be used for future annual report notifi	cation)	E PER PER PER PER PER PER PER PER PER PE	Y 29	SELAN-
For further information of	oncerning this matter, please c	all:		SH OF		1800 1000 1000 1000 1000 1000 1000 1000
VALERIE AMAYA		561 624-2001		FLOH!	AM II: 09	Y OF STATE
Name o	of Person	Area Code Daytime	Telephone Number	- 2 m	9	SNOIL TE
Enclosed is a check for the	he 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 Filir Certificate Certified C (additional co	of Status		

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

THE APERTURE GROUP, 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 12/23/2014 and assigned Florida document number _ L14000194669 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." 5606 PGA BLVD Enter new principal offices address, if applicable: SUITE 211 (Principal office address MUST BE A STREET ADDRESS) PALM BEACH GARDENS, FL 33418 5606 PGA BLVD Enter new mailing address, if applicable: SUITE 211 (Mailing address MAY BE A POST OFFICE BOX) PALM BEACH GARDENS, FL 33418 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 City

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>	Name	Address	Type of Action
MGR	MITCHELL STEINBERG	600 E CONFERENCE DR	■ Add
		BOCA RATON, FL 33486	☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			_ □ Add
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			SECRETARY OF STATE SECRETARY OF STATE CH 5 HA 29 AH II: 40 Ad CH 5 HA 29 AH II: 40 Ad SECRETARY OF STATE FALLAHASSEE, FLORIDA
			□ Remove
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ote: If the date inserted in this bloo	ck does not meet the applicable	statutory filing requirer	nents, this date will a	ot be lis ted as
cument's effective date on the Dep	partitient of State's records.		Ş F	H: 10
record specifies a delayed The 90th day after the reco	effective date, but not arord is filed.	n effective time, at	12:01 a.m. on th	he earlier o
MAY 27	, 2015		<u></u>	
		\mathcal{A}	J.M	
S	Signature of a member or authorize	d representative of a memb	er VI	

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Filing Fee: \$25.00