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MAR-06-2015 FRI 11:11 AM

3/6/2015

Division of Corporations

No. 5618423626

P. 001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

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

Email Address: aseligmen@warddamon.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
252 S. SILVER PALM LLC

Certificate of Status	1
Certified Copy	0
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K. SALLY
EXAMINER
MAR -9 2015

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WARD DAMON

FAX No. 5618423626

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 252 S. SILVER PALM 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:

ADAM R. SELIGMAN, ESQ.

Name of Person

WARD DAMON PL

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

aseligman@warddamon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM R. SELIGMAN, ESQ

at (561) 842-3000

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

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2015 MAR -6 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

252 S. SILVER PALM 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 JANUARY 6, 2015 and assigned
Florida document number L15000002716.

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)

52 LAKESHORE DRIVEEASTCHESTER, NY 10709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

52 LAKESHORE DRIVEEASTCHESTER, NY 10709

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

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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	SHANT EMPREMIAN	276 YAMATO ROAD	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove

MGR	PETER CIREGNA	52 LAKESHORE DRIVE	<input checked="" type="checkbox"/> Add
		EASTCHESTER, NY 10709	<input type="checkbox"/> Remove

_____ ☐ Add

_____ ☐ Remove

 Remove

20

151
152

100-443887-100

☐ Add

SECRET

☐ Remove

1000

☐ Add

Remove

[Remove](#)

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WARD DAWSON

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

E. Effective date, if other than the date of filing: MARCH 6, 2015 (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 MARCH 6, 2015


Signature of a member or authorized representative of a member

ADAM R. SELIGMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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