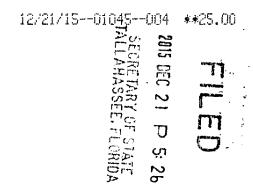


(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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DEC. 2.1 MIST.

COVER LETTER

Division of Cor	porations				
SUDJECT.	THRACIANS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		EVELYN PARKES			
		Name of Person	, <u> </u>		
	EV	ELYN PARKES, CPA, P.A.			
		Firm/Company			
	42	0 CLEMATIS STREET, 2ND FLOO	R		
		Address			
	V	WEST PALM BEACH, FL 33401			
	<u> </u>	City/State and Zip Code			
		PARKES@PARKESCPA.COM	رى ئىدا	~2	
	E-mail address: (to be used for future annual report notifica	tion)	2015 DEC	- 12.
For further information c	oncerning this matter, please ca	all:	in in	Ä	trapport
EVELYN F. PARKES		561 366-9250 at ()	SAN A	2	
Name o	f Person .		elephone Numberi	lb 2: 21	Ö
Enclosed is a check for the	ne following amount:		1-	σ-	•
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	f 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

THRACIANS, LL	С	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2-3-2015	and assigned
Florida document number L15000020938		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
PALMORAL DEVELOPMENT, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	in Ξ
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		RY 0
nter new mailing address, if applicable:		8절 선
Mailing address MAY BE A POST OFFICE BOX)	***************************************	5m 2
8. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the
	, Flori	ida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EVELYN F. PARKES	420 CLEMATIS ST., 2ND FLOOF	
		WEST PALM BEACH, FL 33401	■ Remove
		· .	□ Change
MGR	EMRE S. ORAL	420 CLEMATIS ST., 2ND FL	■ Add
		WEST PALM BEACH, FL 33401	□ Remove
			Change
MGR	KEREM ORAL	420 CLEMATIS ST., 2ND FL	■ Add
		WEST PALM BEACH, FL 33401	Remove
			Change
			SE DRE TANASA
			Remove
			STATE CAND
			□ Remove
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ective date, if other than the d	ate of filing:	1.4 - 6.61	(optio	onal)
te: If the date inserted in this bloc	k does not meet the ap	plicable statutory filin	g requirements, this	date will not be listed:
nument's effective date on the Dep	artment of State's reco	rds.	•	
record specifies a delayed of the 90th day after the recor	effective date, but d is filed.	not an effective t	ime, at 12:01 a	.m. on the earlier
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ped DECEMBER 3,	2015	_		
	\overline{CO}	 2		
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QQ	ignature of a member or a	·		

Page 3 of 3

Filing Fee: \$25.00