(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	¥)
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Bu	ısiness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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JUN 16 2015

## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations	ŕ		
CUDI		Beach LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The sec		A			
		Amendment and fee(s) are sub	•		
ricase	return an correspo	indence concerning this matter	to the following.		
		George Zweifler			
			Name of Person		
		1100 Palm Beach LLC			
			Firm/Company		
		17460 Via Capri			
			Address	<del></del>	
		Boca Raton, Fl. 33487			
		67.0.15	City/State and Zip Code		
		GZ@pbforrent.com  E-mail address: (	to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please ca	all:		
George	e Zweifler		408 234-4005 at (		
	Name o	f Person	Area Code Daytime	Telephone Number	_
Enclos	ed is a check for th	ne following amount:			
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing For Certificate of Sectified Copy (additional copy as I A HAS)	status &
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n FLORI ations CAL	15 AM 8:21

Tallahassee, FL 32301

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

1100 Palm Beach LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number L15000072404	were filed on April 24 2015 and assigned		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	George Zweifler		
Principal office address MUST BE A STREET ADDRESS)	1102 N. Atlantic Dr		
	Lantana, FL. 33462		
inter new mailing address, if applicable:	George Zweifler		
Mailing address MAY BE A POST OFFICE BOX)	17460 Via Caprt		
	Boca Raton, Fl. 33487		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:			
egistered agent and/or the new registered office address her  Name of New Registered Agent:			
egistered agent and/or the new registered office address her			
egistered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :		

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 Agen

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>	Address	Type of Action
MGR	George Zweifler		
			□ Remove
		17460 Via Capri, Boca Raton, FL.	Change
	<del> </del>		🗆 Add
			□ Remove
			Change
		<del></del>	🗖 Remove
			☐ Change
			Add
			Remove
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			SECRETARY OF STALL AHASSEE, FLOO
			FILEL RY OF STATE COMPORATIONS SEE, FLORIDA Change

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reffective date	is listed, the date	must be specific	and cannot be pri	ior to date of filing or n	iore than 90 days aftei	r filing.) Pur		
	te inserted in this ective date on the			licable statutory filir ls.	g requirements, thi	s date will	not be	listed a
		•						
record spe	ecifies a dela	yed effective	e date, but r	not an effective f	ime, at 12:01 a	a.m. on t	he ea	rlier
he 90th da	ay after the	record is file	ed.					-
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	13	Signature of	f a member or au	thorized representative	of a member	CHETARY OF STATE	ত্য	YSY System
	U	D'and				ind	3	
			_	nted name of signee		_! '		•

Page 3 of 3

Filing Fee: \$25.00