Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20040000071 Phone : (561) 624-2001 : (561)624-0036 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH GARDENS I.C.P. INVESTMENTS, LLC

Certificate of Status	0
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Corporate Filing Menu

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FAX No. 5616240036

## ARTICUES OF ORGANIZATION OF



PALM BEACH GARDENS I.C.P. INVESTN	·
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L15000074547</u>	ompany were filed on 04/28/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	YESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enser Florida strees address
	, Florida
_ <del></del>	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

Page 1 of 3

If amouding Authorized Person(s) authorized t((than \$20 @2780 & 7184) hame, 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
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