

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L15000099170

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(((H16000169398 3)))



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To: Division of Corporations
Fax Number : (850) 617-5383

From: Account Name : FOX ROTHSCHILD LLP
Account Number : 1201300C0024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

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

Email Address: PBlacklock@foxrothschild.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLAGLER HOUSE HOLDINGS LLC**

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JUN 15 2016
J. BRUCE

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: FLAGLER HOUSE HOLDINGS 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:

PETER L. BLACKLOCK

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

222 LAKEVIEW AVENUE, SUITE 700

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

PBlacklock@foxrothschild.com

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

For further information concerning this matter, please call:

VANESSA LAGANA

at (305) 442-6544

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

Fax Audit #H16000169398 3

FLAGLER HOUSE HOLDINGS 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 06/04/2015 and assigned
Florida document number L15000099170

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CARLENE P. SANTOS

New Registered Office Address:

C/O FOX ROTHSCHILD LLP, 222 LAKEVIEW AVENUE, SUITE 700

Enter Florida street address

WEST PALM BEACH

Florida 33401

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.

Carlene P. Santos

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	CLAY H GRUBMAN	403 SEABREEZE AVE.	<input type="checkbox"/> Add
		PALM BEACH, FLORIDA 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLENE P. SANTOS	PO BOX 2937	<input checked="" type="checkbox"/> Add
		PALM BEACH, FLORIDA 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee