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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ARAN, CORREA & GUARCH, P.A.

Account Number : I20170000012 Phone : (305)665-3400

Fax Number : (305)665-2250

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2017 MAR 10 PM 4: 47 OLEVEL VIEW PREFER OF THE OFFICE ALEXANDER

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALMWAY HOUSE LLC

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MAR 1 3 2017

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PALMWAY HOUSE LLC	1	
(Name of the Limited Liability Co	ompany as it now appears on our records ited Liability Company)	(,)
The Articles of Organization for this Limited Liability Comp Florida document number 415000102979	pany were filed on 06/12/2015	and assigned
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 I	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 ADDRES.	<u> </u>	
	1	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records. <u>here</u> :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		-
<u></u>	Enter Florida street address	;
		rida
	City	лір Соле

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, enter	the title, name	and address	of each person	being added
or removed from our records:				
			H1700006782	21 3

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jason Sullivan	230 Princeton Dr	
		Lake Worth, FL 33460	Remove
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E. Effective date, if other than the date of filing:	) Pursuant to 605.0207 ( will not be listed as the	3)(b) he
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:	7
(b) The 90th day after the record is filed.	全部	<b>影</b> T
Dated March 9 2017	ئے بہ حرت	表 T   T   T   T   T   T   T   T   T   T
	mo	
Signature of member of acthorned representative of a member		
		90 :h
Jason Sullivan, Managing Member  Typed or printed name of signee		တ

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

Page 3 of 3 Filing Fee: \$25.00