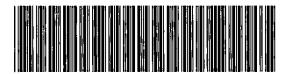
L15000172478

(Re	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



100278168581

10/19/15--01048--011 **25.00



OCT 20 2015 J SHIVERS

COVER LETTER

TO:	Registration S Division of Co		* *	
SUBJI		RTH OLIVE LLC		
3000	ECT	Name of Lim	ited Liability Company	
The en	closed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	pondence concerning this matter	to the following:	
		Gregory R. Fishman		
			Name of Person	
-		Gregory R. Fishman, PA		
			Firm/Company	
-		2750 NE 185 St., Ste. 204		
		 	Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		pdipalmbeach@aol.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information	concerning this matter, please c	all:	
Grego	ry R. Fishman		305 792-6945	
	Name	of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for	the following amount:		
\$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1100 NORTH OLIVE LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L15000132478	were filed on August 3, 2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1100 N. OLIVE AVE		
Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33401		
Enter new mailing address, if applicable:	PO BOX 996		
Mailing address MAY BE A POST OFFICE BOX	PALM BEACH, FL 33480		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address SSY 9		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Goge		
	2> '		

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:

MGR = Manager '
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GRFPA MANAGEMENT LLC	2750 NE 185 St., Ste. 204	Add
		Aventura, FL 33180	■ Remove
			☐ Change
MGRM	BEDUHN, NANCY	PO BOX 996	■ Add
		PALM BEACH FL 33480	☐ Remove
-			Change
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change.

,			· · · · · · · · · · · · · · · · · · ·	
				·-··
<u></u>				
	· · · · · · · · · · · · · · · · · · ·			
	·			
			··-	
	·····			- FSE 1
300-41-41-41-41-41-41-41-41-41-41-41-41-41-			(N	15 OCT
Effective date, if other than to fan effective date is listed, the date in	iust be specific and cannot be pri	ior to date of filing or more	(optional) than 90 days after filing.) Parsumnt to 605.0207
Note: If the date inserted in this locument's effective date on the	block does not meet the app Department of State's record	licable statutory filing reds.	equirements, this date	will not be disted as,
				FINANCE STATES
e record specifies a delay The 90th day after the re	ed effective date, but i	not an effective tim	e, at 12:01 a.m.	earlier of
The sould day after the fi	cord is med.		<u>:</u>	5 11
October 16,	/2015			
	Signature of a member or au	thorized representative of	a member	
Con D. E. L.	/ / /	•		
Gregory R. Fishman,	17 '	inted name of signee		

Page 3 of 3

Filing Fee: \$25.00