

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160000941563)))



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To:

Division of Corporations

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From:

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Account Number : I20020000140

Phone Fax Number : (561)844-3600 : (561)842-4104

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3 NATIVES HIPITER, LLC.

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Corporate Filing Menu

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COVER LETTER

H16000094156 3

TO: Registration Se Division of Cor		·	
3 Natives J	upiter, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Gregory R. Cohen, Esq.		
		Name of Person	
	Cohen Norris Wolmre Ray	Telepman Cohen	
		Firm/Company	11 - 25° a garage (1.
	712 U.S. Highway One, St	nite 400	
		Address	· · · · · · · · · · · · · · · · · · ·
	North Palm Beach, FL 334	108	
		City/State and Zip Code	
	grc@fcohanlaw.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please or	all:	
Gregory R. Cohen		561 844-3600 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(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

TO ARTICLES OF ORGANIZATION OF

H16000094156 3

mpany as it now appears on ted Liability Company)	our records.)			
any were filed on August	21, 2015 and assigned			
iability company here:				
iability Company," the design	ation "LLC" or the abbreviation "L.L.C."			
19 Bayview Road				
Tequesta, FL 33469				
Same	PR APR 5 P			
	records, senter the name of the n			
Gregory R. Cohen				
Enter Florida st	rect address			
Beach	, Florida ³³⁴⁰⁸			
	Same Same Cohen Is Bayview Road Tequesta, FL 33469 Same Same Cohen Ighway One, Suite 400			

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

04-15-16 10:26am Fromor removed from our records: T-643 P.04/05 F-391

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Paul Lawier	165 Beacon Lane	
		Jupiter, FL 33469	Remove
			☐ Change
AP	Danielle G. Lawler	165 Beacon Lane	
		Jupiter, FL 33469	Reтоve
			Change
MGR	3 Natives Holdco LLC	18 Pinc Hill Trail West	Add
		Tequesta, FL 33469	■ Remove
			□ Change
MGR	Michael Christic	19 Bayview Road	■ Add
		Tequesta, FL 33469	□ Remove
			Change
MGR	3 Natives Jupiter Membership Holding Conpany, IIC	19 Bayview Road	■ Add
		Tequesta, FL 33469	□ Remove
			Change Change
			OF D Remove.

04-15-16 D. If amei	10:27am nding any	Fron- other in	formatio	a, enter c	hange(s)	here: (Attach aad	itional snee	is, ij n	T-643 ecessa	י פינויי <i>ועלוי</i> י		F-391 60000	94156
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f the reco	ord specif 90th day	ies a d after th	elayed ef ne record	fective of is filed.	date, but	not ar	n effective	time, at	12:01 \{\	1	735		arlier d	of:
Dated _	Apii		14		2016	<i>]</i> :	/		HASSE	YRATE	PR 15			
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	Michael	Christie	Manager						XIC.	MATE	909			

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Typed or printed name of signed

Filing Fee: \$25.00