L15000205730

Florida Department of State
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From:
Account Name : FOX ROTHSCHILD LLP
Account Number : I20130000024
Phone : (215)299-2162
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2 THE EDGE LLC

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Fax Audit #H16000169067 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 THE EDGE 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

2 THE EDGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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16 JUL 14 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/09/2015 and assigned Florida document number L15000205730

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)

THE EDGE CONDO ONE
300 S. AUSTRALIAN AVE., UNIT #203
WEST PALM BEACH, FLORIDA 33401

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 2937
PALM BEACH , FLORIDA 33480

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.	☐ Add
		PALM BEACH, FLORIDA 33480	☒ Remove
			☐ Change
MGR	CARLENE P. SANTOS	PO BOX 2937	☒ Add
		PALM BEACH, FLORIDA 33480	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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

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E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 12 2016

Signature of a member or authorized representative of a member

Peter L. Blacklock, Esq., authorized representative of a member

Typed or printed name of signee

Filing Fee: $25.00