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16 MAY 17 PH 4: 56
SECRETARY OF STATE
AND A HASSET FLORID

J. HAWRIS

COVER LETTER

то:		stration Section of Corp				
SUBJE	·CT·	Palm	Beach Part	ners LLC		The state of
0000			N	ame of Limited Liabi	lity	Company
Dear Si	ir or M	ladam:				
The end	closed	Statement o	f Correction and fee(s) ar	e submitted for filing	ζ.	
Please 1	return	all correspo	ndence concerning this m	atter to the following	;:	
Jer	nnif	er Bo	ra			
			Name of Person			
Pal	lm	Beach	n Partners L	.LC		
			Firm/Company			
340	Ro	yal Poir	nciana Way, Sı	uite 31 7 -149		
			Address			
Pal	lm	Beach	n, FL 33480			
		Cit	y/State and Zip Code		-	·
jen	nife	erinpb	@gmail.cor	m		
E	-mail a	address: (to	pe used for future annual	report notification)	•	
For furt	ther in	formation co	oncerning this matter, ple	ase call:		
Jer	nnif	er Bo	rg	_{at} 201	, 2	80-5501
		Name of	Person	Area Code	-/	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following amount:						
\$25	Filing	g Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	&	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E0	62 (9/	15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				
		Registered Agen	t's Signature				
New I I here provis obligate reflect	ting the Register by acce sions of	designation). ed Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to ac all statutes relative to the proper and complete perfort my position as registered agent as provided for in Ch ge in the registered office address, I hereby confirm th	ng the registered agent, the new registered agent must sign of the registered agent must sign of the tin this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept the apter 605, F.S. Or, if this document is being filed to merely at the limited liability company has been notified in writing				
		Signature of Authorized Representative	Date				
•		912	5-9-16				
	The e	electronic transmission of the record was defective.					
	<u>OR</u>		F S I 4: 56				
L		lows:	was delectively signed and the appropriate contection are				
		defectively signed. The manner in which the documer	t was defectively signed and the appropriate correction are				
	OR						
	vhq	sical office is 340 Royal Poinciana Way,	Suite 317-149. Palm Beach, FL 33480.				
	The	e correct statement is that the str	eet address for the				
		The incorrect statement is that we mistakenly put our New York address as our street address for the principal office of the LLC.					
×		ains an incorrect statement. The incorrect statement, the	ne reason the statement is incorrect, and the corrected				
		(CHECK THE APPROPRIATE BOX AND COME					
THIR	<u>D</u> :	Document to be corrected is: Articles of Or	ganization				
SECO	ND:	The Florida Document number of the limited liabili	ty company is: L16000001394				
<u>FIRS</u>	<u>r</u> : The n	name of the limited liability company is: Palm Be	ach Partners LLC				