Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STORBS, 3.

Account Number : 076077003231 Phone : (561)650-0471 Fax Number : (561)650-5300

**Enter the email address for this business entity to be used for thut annual report mailings. Enter only one email address pleasents

Email Address: Lalexander a jones Ester Can

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1960 PALM BEACH, LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1960 Palm Beach, LLC			
	mpany as it now appears on our records.) led Limbility Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on June 7, 2016	and assigned	
Florida document number L16000110195			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
640 Palm Beach, LLC			
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:	<u></u>	·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17 JUN -6	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>c</u> <u>here</u> :	nter the name of the r	
Name of New Registered Agent:		>	
New Registered Office Address:	Enter Florida street address		
	. Florida		
	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 fur 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

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change

06/06/2017 01:13pm	JONES FOSTER	1		#501	Page 04/0	04. 000151,4.
D. If amending any	other information, enter	change(s) her	e: (Attach addition	al sheets, if ne	ecessary.)	
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(If an effective date is if <u>Note:</u> If the date in	other than the date of filing sted, the date must be specific at serted in this block does not be date on the Department of	id cannot be prior meet the applic	able statutory filing re	than 90 days after	tional) er filing.) Pursuant iis date will not b	to 605.0207 (3)(b) be listed as the
If the record specification (b) The 90th day a	ies a delayed effective after the record is filed	date, but no	t an effective tim	e, at 12:01	a.m. on the	sarlier of:
Dated June 6,		2017				
		2				
1 *		member or autho	rized representative of	a member		
Larry B.	Alexander	Typed or printe	od name of signee	<u></u>		 .

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Filing Fee: \$25.00