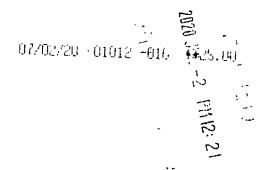
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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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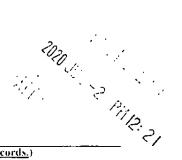
Registration Section

TO:

Division of Cor	rporations	•	
CHRISTIN	JA MAGALY SARUBBI LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTINA MAGALY S	SARUBBI	
		Name of Person	
	THE SARUBBI GROUP	PALM BEACH	
	-	Firm/Company	
	2875 S OCEAN BLVD ST	TE 200-39	
		Address	
	PALM BEACH FL 33480)	
	CHRISTINA@THESARU	City/State and Zip Code	
	•	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
ELIZABETH JAKUBIA	ΛK	561 277-9843	
Name e	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHRISTINA MAGALY SARUBBI LLC

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

The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/05}{1}$	/2017	and assigned
Florida document number L17000003232			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
THE SARUBBI GROUP PALM BEACH LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	i street address	
	City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-		ър Соне
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	v duties, and I an apter 605, F.S. O	n familiar with and r, if this document is
If Cha	nging Registered Agen	1 Signature of New 1	Paristaged Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		NR	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

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(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	Signature of a member of authorized representative of a member
	CHRISTINA MAGALY SARUBBI
	Typed or printed name of signee

Filing Fee: \$25.00