# L17000183629

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #	<del>(</del> ‡)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2018

ROSE WEINSTEIN 7724 CHERRY BLOSSOM STREET BOYNTON BEACH, FL 33437

SUBJECT: PALM BEACH FINE HOMES, LLC

Ref. Number: L17000183629

WILL ED

We have received your document for PALM BEACH FINE HOMES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00004116

RECEIVED

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DEPARTMENT OF STATE
INTERNATION

TALLAHASSEE, FLOSTY

# **COVER LETTER**

Division of	Corporations	
CLID IECT.	Palm Beach Fine Ham	96.111
SUBJECT:	Palm Beach Fine Home Name of Limited Liability C	ompany
The enclosed Articles	s of Amendment and fee(s) are submitted for fili	ng.
Please return all corre	espondence concerning this matter to the following	ng:
	Rose We	instein
	Name o	f Person
	Firm/C	ompany School N
	7724 cherry	Blussom Street
	Boyn ton B	Blussom Street  Tess  Carlos  Carlos
	Rose Palm Sea	uture annual report notification)
For further information	on concerning this matter, please call:	,
Rose	me of Person at (at (at (	273-5477  Daytime Telephone Number
Enclosed is a check f	or the following amount:	
\$25.00 Filing Fee	Certificate of Status Certificate	Filing Fee & S60.00 Filing Fee, led Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Rej Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Fine Hours, L (Name of the Limited Liability Company as it no (A Florida Limited Liability Co	-L C	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were file	d on 8/29/2017	and assigned
Florida document number $P2-26-15$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
Rose We! - o+e: , LLC The new name must be distinguishable and contain the words "Limited Liability Compa		
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	;	2010
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	Č.	2
Enter new mailing address, if applicable:	Ĺ, L,	<b>-</b> ;
(Mailing address MAY BE A POST OFFICE BOX)		
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		w
B. If amending the registered agent and/or registered office add	ress on our records, enter t	he name of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City		Zip Code
No. Donistand Access Company of the anima Designed Access		

### 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.

If Changing Registered Agent, Signature of New Registered Agent

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						
<u>Title</u>	Name	Address	Type of Action			
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f an effective <b>Note:</b> If th	late, if other that e date is listed, the d the date inserted in s effective date or	ate must be spec this block doe	ific and can s not meet	not be prior the applica	to date of fili able statutor	ng or more the	an 90 days aft	t <b>ional)</b> er filing.) Pr tis date wi	ursuant to	605.020 listed a
	l specifies a de th day after th			e, but no	t an effec	tive time,	at 12:01	a.m. on	the ea	rlier o
	2/0	14/001	· <u>8</u> , _		<u> </u>					
Dated		Signatur	2	71	1	,				

Page 3 of 3

Filing Fee: \$25.00