L180000847777

(R	equestor's Name)	
(A	ddress)	
(Á	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



500315818585

2018 JUL 23 PM 12: 58

18 JUL 23 PH 12: 14

B FIGUEROA JUL 24 2018

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-23-18

NAME: 126 NORTH PALMWAY JV, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00 +30,00

RETURN: Certified copy please

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

126 NORTH PALMWAY JV, 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 04/03/2018 Torida document number 1.18000084777	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	r the name of the
	دی تخ
Name of New Registered Agent:	~
New Registered Office Address: Enter Florida street address	<u> </u>
. Florida	: - K
City	- Zip Çode

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEL DEVELOPMENT IV. LLC	1255 SABAL PALM DR.	
		BOCA RATON, FL 33432	Remove
			Change
MGR	DAVID KISLIN	1255 SABAL PALM DR.	
		BOCA RATON, FL 33432	Remove
			Change
			Remove
		_	Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change

				.
		_		
				_
<u> </u>				
				<u>. </u>
				
				
ective date, if other than the	e date of filing:		(optional)	D
effective date is listed, the date mue: If the date inserted in this b	ast be specific and cannot be prior slock does not meet the application.	to date of filing or more thable statutory filing req	an 90 days after fifing.) uirements, this date v	vill not be listed a
ument's effective date on the I	Department of State's records.	, -		
	ed effective date, but no	t an effective time	, at 12:01 a.m. o	on the earlier
record specifies a delaye				
record specifies a delaye he 90th day after the re	cord is filed.			r sa
he 90th day after the re	cord is filed.			100 100 100 100 100 100 100 100 100 100
record specifies a delaye he 90th day after the re ed	cord is filed.	<u> </u>		28B JUL
he 90th day after the re	cord is filed.	_· •>		2 419 JUL 23
he 90th day after the re	cord is filed.	orized representative of a	nember	JU:

Page 3 of 3

Filing Fee: \$25.00