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COVER LETTER

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TO: Registration S Division of Co				
CHAN MANAGE		Beach 50 LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.		
Please return all corresp	ondence concerning this matter	to the following:		
		Stanley Lomangino		
		Name of Person		
		Palm Beach 50 LLC		
		Firm/Company		
	2-40	DI PGA Boulevard, Suite 200		
		Address		
	Pa	dm Beach Gardens, FL 33410		
		City/State and Zip Code	 	
		slomangino@mesliny.com		
	E-mail address: (to be used for future annual report n	otification)	
For further information	concerning this matter, please c	all:		
Amy C. Mac	eF. Burbott, Esq.		26-4377	
Name	of Person	at () Area Code Dayi	time Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		<u>Street Address:</u> Registration S		
Division of C		Division of C		
P.O. Box 633		The Centre of		
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	lm Beach 50 LLC lity Company as it now appears on our record da Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on11/07/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviationC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	5 Fine
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ni —
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		orida
	City	Zıp Code
New Registered Agent's Signature, if changing Register	ed 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>	<u>Name</u>	Address	Type of Action
MGR	Stanley Lomangino Trust	2401 PGA Boulevard, Suite 200	□Add
		Palm Beach Gardens, FL 33410	■Remove
			□ Change
MGR	Stanley Lomangino	2401 PGA Boulevard, Suite 200	≣ ∧dd
		Palm Beach Gardens, FL 33410	□Remove
			Change SCO AN 166emove AN 164ange Change AN 164ange
			□Remove
			□ Change
		<u> </u>	🖸 Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or mor ock does not meet the applicable statutory filing	(optional) re than 90 days after filing) Pursuant to 605,0207 requirements, this date will not be listed as
he record specifies a delayed The 90th day after the reco	effective date, but not an effective tir ord is filed.	me, at 12:01 a.m. on the earlier of
Dated January 13	2020	
		
	Signature of a member or authorized representative of	d'a mamba
		a a menuel
	Amy C. MacF. Burbott, Esq. Typed or printed name of signee	

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Filing Fee: \$25.00