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(Re	equestor's Name)	
(Ad	dress)	1.
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	er, P.A. (135 161	62,LC
NAME OF CORPORATION: Lee Bonton Sayl DOCUMENT NUMBER: C11998 LC	04000028467	·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Lee B. Sayler		
	Name of Contact Person	1
	Firm/ Company	
1662A North US Hwy One	:	
	Address	
Jupiter, FL 33469		
	City/ State and Zip Code	2
lbsayler@bellsouth.net		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Lee B. Sayler	at (
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building yeartive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LBS 1662, 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 Con	npany were filed on 4-7-2004	and assigned
Florida document number L04000028467		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my du nt as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
ī	If Changing Registered Agent, <u>Si</u>	znature 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR 1662A North US One, Kathleen Sue Kretzer Jupiter, FL 33469 _□ Remove ☐ Change □ Add □ Remove R. 2016 Change __ Change □ Add ☐ Remove ☐ Change □ Add

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Effective d	late, if other	than the	date of fil	ing:	08-2016				(option:	al)		
Note: If th	e date is listed, to be date inserted as effective date	d in this blo	ck does no	t meet th	e applica	o date of fill ble statuto	ing or more ry filing r	than 90 day equiremen	s after fill ts, this da	ing.) Pursi ate will n	ot be listed	d as t
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00