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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(Only/Otate/21p/1 Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
aup II	Modificatio	ns unlimited of the palm beach	nes lic		
SORTE	CI:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Brian E McLeod			
			Name of Person	<del></del>	
For furt Brian E	Modifications unlimited of the palm beaches llc				
			Firm/Company		
		13442 54th street north			
		Address			
		West Palm Beach, FL 33411			
		City/State and Zip Code			
		modifications@bellsouth.ne	et to be used for future annual report notif	(Ication)	
For furt	her information co	oncerning this matter, please co		(Cation)	
Brian E	E McLeod		561 248-8357		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	5.00 Filing Fee	☐ \$30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 JUN 29 PM 3: 5

Modifications unlimited of the palm beache	s Ile	TAILCRE IA:
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	records.) LLAHASSEL LURIOA
The Articles of Organization for this Limited Liability (	-	
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	City	, Florida Zip Code

## 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 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	Brian E McLeod	13442 54th street north West Palm Beach, FL 33411	<b>=</b> Add
			□Remove
			Change
			□Add
			□Remove
		ALL AHRESS	Change T Change T Change T Change T Change T
			Remove
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n efl <u>)te:</u>	ive date, if other than the date of filing:
	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 thilled.
ted	06/24/2021
·····	Brim & M. Frod
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00