203000052971

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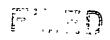
TO:	Registration Se Division of Cor						
ci'n i	Breezy Paln						
SUBJECT: Name of Limited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are subi	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Kathleen Hainisch					
			Name of Person				
		Breezy Palms I.I.C					
			Firm/Company	·			
		PO BOX 2420					
			Address				
		Dunnellon FL 34430					
		khainisch@yahoo.com	City/State and Zip Code				
		E-mail address: (1	to be used for future annual report notif	ication)			
For fu	rther information c	oncerning this matter, please ea	ali:				
Kathl	een Hainisch		352 489-1411				
	Name o	(Person	Area Code Daytime	Telephone Number			
Enclo	sed is a check for th	ne following amount:					
□ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266) Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Breezy Palms LLC

2019 HAY 20 PM 2: 35

(<u>Name of the Lim</u>	ited Liability Company as it now app (A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited leading document number L03000052971	Liability Company were filed on	12/08/03 and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	ne designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the	
Name of New Registered Agent:	Kathleen Hainisch		
New Registered Office Address:	Office Address: 355 SW Pincapple Hill Dr		
		Florida street address	
	Dunnellon	Florida ³⁴⁴³¹	
	City	Zip Code	

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.

or removed from our records: MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u> Kathleen Hainisch	Address	Type of Action			
MGR						
			□ Remove			
		PO BOX 2420 Dunnellou FL 34430	Change			
			☐ Remove			
			Change			
		<u> </u>	□ Remove			
			□ Change			
			□ Remove			
			Change			
			☐ Remove			
			Change			
			□ Remove			

_□ Change

D. If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
(If an effective date is list Mote: If the date ins	ther than the date of filing:
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated May 15	2019
	Signature of a member or authorized representative of a member
	Kathleen Hainisch
•	Typed or printed name of signee

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Filing Fee: \$25.00