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COVER LETTER

то:	Registration Sec Division of Corp					
cupi		agement Services, LLC				
SUBJ	JECT:		ited Liability Company			
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspor	ndence concerning this matter	to the following:			
		Bruce R. Abernethy, Jr.				
			Name of Person	186		
		Bruce R. Abernethy, Jr., P.	.A.			
			Firm/Company			
130 S. Indian River Drive, Suite 201						
			Address			
		Fort Pierce, FL 34950				
			City/State and Zip Code			
		babernethy@bruceapa.com	to be used for future annual report no	<u>/</u>		
			·	uncation)		
For fu	irther information co	ncerning this matter, please co	ill:			
Bruce	e R. Abernethy, Jr.	ormation concerning this matter, please call: rnethy, Jr. 772 489-4901 at ()				
	Name of	Person	Area Code Daytii	me Telephone Number		
Enclo	sed is a check for the	e following amount:				
∃ \$3	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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jonette Management Services, 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 $\frac{6-14-2005}{1}$ and assigned Florida document number A05000061932 L05000061932 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Palm Breeze Management Services, LLC The 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action _□ Add _____ □ Remove □ Add _____ Remove ☐ Change bb∧ □ _____ Remove ____ □ Change ☐ Remove □ Add _____ □ Remove _____ Change □ Add

_____ Remove

_____ Change

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<u>Note:</u> If t	the date inserted ir	an the date of filindate must be specific and this block does not at the Department of	meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing, quirements, this date) Pursuant to 605,0207 (will not be listed as t
The 90	Oth day after th	ne record is filed	l.		e, at 12:01 a.m.	on the earlier of:
Dated	Januar	4 14	2019			
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Typed or printed name of signee

Filing Fee: \$25.00