

205000074538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



020 JF

T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Realty Group of the Palm Beaches, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorie Broussard

Name of Person

The Realty Group of the Palm Beaches, LLC

Firm/Company

6406 Blue Bay Circle

Address

Lake Worth FL 33467

City/State and Zip Code

LSBROUSSARD78@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorie Broussard

Name of Person

at (561) 723-8899

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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
2661 Executive Center Circle
Tallahassee, FL 32301

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

The Realty Group of the Palm Beaches, 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 7/29/05 and assigned
Florida document number LC5000074538

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

LORIE BROUSSARD

New Registered Office Address:

6406 Blue Bay Cir.

Enter Florida street address

Lake Worth

Florida

33467

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Arnold A. Broussard	6406 Blue Bay Cir	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lorie Broussard	6406 Blue Bay Cir	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Darryl Gichia-Broussard		<input checked="" type="checkbox"/> Add
		4931 Parkview Dr	<input type="checkbox"/> Remove
		St. Cloud FL	<input type="checkbox"/> Change
		34771-7805	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danielle Broussard	925 Homer Sr.	<input checked="" type="checkbox"/> Add
		New Orleans LA	<input type="checkbox"/> Remove
		70114	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY
FALL HARBOR, FLORIDA

2. If making any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/29/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

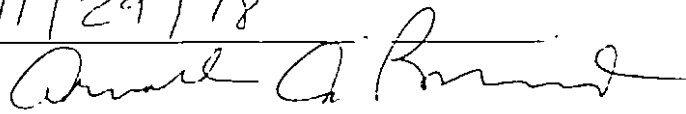
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

11/29/18

X 

Signature of a member or authorized representative of a member

Arnold A. Brausard

Typed or printed name of signee