

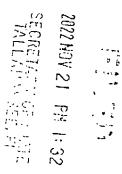
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Safe Harbo	r Realty of Martin County, LL	C	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicole Schneider		
		Name of Person	
	Posess & Strauss, PLLC		
		Firm/Company	
	4455 Military Trail Suite	102	
		Address	202 SE
	Jupiter, FL 33458		E : 1 2022 HOV 21 SECRETAL TALLAH
		City/State and Zip Code	卷 2
	klrw660@kw.com		ication)
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	12 ± 6
Nicole Schneider		at (561) 296-8504	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Porporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.)			
(A Florida Limited)	Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 1/30/2006	and assigned			
Florida document number L06000010266					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
"					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2650 SW Matheson Avenue				
(Principal office address MUST BE A STREET ADDRESS)	Palm City, FL 34990				
		5 26			
Enter new mailing address, if applicable:	2650 SW Matheson Avenue	22 HO			
Palm City, FL 34990 Palm City, FL 34990					
		(*** c			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Flor				
	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 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
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			Change
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ective date, if other than the date of filing:		.1 .00 L	(optional)		030
n effective date is listed, the date must be specific and cannot be period to the date inserted in this block does not meet the approximately	plicable statutor				
nument's effective date on the Department of State's reco	ords.				
cord specifies a delayed effective date, but not an effective	ve time, at 12:01	a.m. on the earlier	of: (b) The !	90th dav after	the
s filed.				•	
November 18 2022					
November 18 2022	·				
Signature of a member or a					