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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Boynton Beach Palms, LLC			
SUBJECT:	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:			
	Raymond Baez			
	Name of Person	_		
	Boynton Beach Palms, LLC			
	Firm/Company	-Z:S	1 5	
	689 Seneca Ave.	- SET		1
	Address		26	
	Ridgewood, NY. 11385		3	
	City/State and Zip Code	- <u>257</u>	ţ.	
	raybae689@gmail.com	返刑	3	
	E-mail address: (to be used for future annual report notification)			
For further in	nformation concerning this matter, please call:			
Doak S. 0	Campbell, III 561 278-1990			
	Name of Person Area Code Daytime Telephone Number	er		
Enclosed is a	check for the following amount:			
■ \$25.00 F	filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 F	iling Fee	,	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

\$170

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boynton Beach Palms, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/11/2008	and assigned
lorida document number L08000067178		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Boynton Beach Palms, LLC		
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Raymond Baez	
Principal office address MUST BE A STREET ADDRESS)	689 Seneca Ave.	
	Ridgewood, NY. 11385	第二
		35 8 E
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		23 G
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	ffice address on our records, <u>e</u> e:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Ruby Burdiez	689 Seneca Ave.	Add
		Ridgewood, NY. 11385	Remove
MGRM	Ramona F. Baez	689 Seneca Ave.	
		Ridgewood, NY. 11385	■ Remove
MGRM	Raymond Baez	689 Seneca Ave.	Add
		Ridgewood, NY. 11385	Remove
MGRM	Diana Baez	689 Seneca Ave.	Add
		Ridgewood, NY. 11385	Remove
			
		_	Add
			□ Remove
<u>_</u>			Add
			□ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated	(optional) be more than 90 days after
the date this document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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