LO9000017679

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COVER LETTER

Registration Section Division of Corporations

TO:

PALM B SUBJECT:	EACH COUNTY BOOT CA	MP LLC	
nondect.	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		JARED LOPEZ	
		Name of Person	
	PALM	BEACH COUNTY BOOT CAMP LL	C
		Firm/Company	
		113 INKBERRY DR	
		Address	
	J	UPITER, FL 33458	
		City/State and Zip Code	
	MyJo	ared 33 @ gmail. Cov (to be used for future annual report notifies	Μ
		•	ation)
For further information e	oncerning this matter, please c		
Jare Name o	d Lope 3	at (<u>56 (</u>) <u>222 -</u> Area Code Daytime T	3918 Clephone Number
Enclosed is a check for th	_		
\$\$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 S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Street Address:	rations lahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH COUNTY BOOT CAMP 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 FEBRUARY 20, 2009	and assigned
lorida document number L09000017679	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
STOCKS AND ESTATES LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
If amonding the registered erent and/on registered effect and described	m . s
. If amending the registered agent and/or registered office address on our records, <u>enter the nargent and/or the new registered office address here:</u>	me of the new regist
servandor the new registered office address here.	<u> </u>
Name of New Registered Agent:	 C.7
	·
New Registered Office Address:	
Enter Florida street address	5
Diamida	مبر. سب
	Zin 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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	ne date of filing:		(ontional)
Effective date, if other than th	iust be specific and cannot be prior	r to date of filing or more than 90 da	ays after filing.) Pursuant to 605,0207
	block does not meet the applic		nts, this date will not be listed as t
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f an effective date is listed, the date notice. If the date inserted in this document's effective date on the	Department of State's records		and the The Oath day of an the
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Filing Fee: \$25.00