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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	Schoor Comp	anies LLC		
ocour.		Name of Limi	ited Liability Company	
The enclosed	l Articles of Ar	nendment and fee(s) are subt	mitted for filing.	
Please return	all correspond	lence concerning this matter (to the following:	
		Howard Schoor		
			Name of Person	
			Firm/Company	
		174 Carmela Court		
			Address	
		Jupiter, FL 33478		
			City/State and Zip Code	
		howard@schoorcompanies.		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation con	cerning this matter, please ca	dl:	
Howard Sch	oor		732 303-0040 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Schoor Companies LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on our i Liability Company)	records.)
ne Articles of Organization for this Limited L	iability Company	were filed on July 7, 2009	and assigned
orida document number L09000065676			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
loward Schoor Art, LLC		_	
ne 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:		174 Carmela Court	
Principal office address MUST BE A STREET ADDRESS)		Jupiter, FL 33478	
		174 Carmela Court	\$
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Jupiter, FL 33478	<u> </u>
		vapitor, 12 33 170	
. If amending the registered agent and	or registered o	ffice address on our re	cords, enter the name of the
egistered agent and/or the new registered o	ffice address her	<u>e</u> :	12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:	Howard Schoo	г	***
New Registered Office Address:	174 Carmela C	ourt	
		Enter Florida street	address
	Jupiter		_, Florida <u>33478</u>
	•	City	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.

of 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>	Address	Type of Action
AGENT	Joel Koeppel	400 S. Australian Avenue #300	
		West Palm Beach, FL 33401	■ Remove
			Change
MGR	Howard Schoor	174 Carmela Court	= Add
		Jupiter, FL 33478	□ Remove
			Change
			Add
			Femove
			□ Add □ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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ated _	December 15		2016	_ •				
reco	ord specifies a del 90th day after the	ayed effective record is filed	date, but not i.	an effectiv	e time, at 12:0	ı1 a.m. on the	earlie	er c
	If the date inserted in the street of the st			ble statutory fi	lling requirements,	this date will not	be liste	ed a
an effec	ve date, if other that ctive date is listed, the dat	te must be specific ar	nd cannot be prior t	o date of filing o	or more than 90 days a	p tional) after filing.) Pursuar	nt to 605	.020
						OR ILL	N 60	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00