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	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	LUORNE
	J. HORNE AUG 15 2023
	AUG 15 ZOZO
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Office Use Only



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23 AUG 15 AM D: 24

COVER LETTER

Division of Co			•
Kevin Sloa	ne Real Estate LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
	Name (A Sim		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ondence concerning this matter	to the following:	
	Kevin Sloane		
		Name of Person	
		Firm/Company	
	2880 S Ocean Blvd		
	Palm Beach, FL 33480	Address	
	ksloane@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information (concerning this matter, please c	all:	
Kevin Sloane		561 289-3050	
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address: Registration S	ection
Registration Division of 0		Division of Co	
P.O. Box 63	•	The Centre of	-
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Kevin Sloane Real Estate LLC

23 AUG 15 AN D: 25

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on ability Gompany)	ourgeorphi)	
The Articles of Organization for this Limited Liability Company	0.5/504	0	
Florida document number	were med on	and assigne	a
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Palm Beach Living Realty LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	nation "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 acagent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new reg	gistered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	verformance of my (rovided for in Chan	duties, and I am familiar with an oter 605 F.S. Or if this documen	d

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
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Add
			Remove
			□Change
· ··			
			□Remove
			Change
			□ Remove
			□Add
			□Remove
			□ Change

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	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02071 plicable statutory filing requirements, this date will not be listed as t
record specifies a delayed effective date, but not an effecti d is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
August 15 2023	
Dated	authorized representative of a member
Signature of a member or Kevin Sloane	authorized representative of a member

Filing Fee: \$25.00