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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Sec Division of Corp			
Taplin Zipc			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
•			
	Jay Taplin		
		Name of Person	
	Jay A. Taplin P.A.		
		Firm/Company	
	1555 Palm Beach Lakes Bo	oulevard, Suite 1510	
		Address	
	West Palm Beach, FL 3340	01	
		City/State and Zip Code	
	jtaplin@taplinlaw.net	to be used for future annual report notification)	
For forther information of	oncerning this matter, please co		
	oncerning this matter, prease co		
Jay Taplin		561 684-8399 Extension #1	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Certificate	of Status & - opy
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, l	Section Corporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ı

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Comp.	nany were filed on June 1, 2010	and assigned
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the ab	breviation 25 L.C.S.
Enter new principal offices address, if applicable:		A 55
Principal office address MUST BE A STREET ADDRESS	Σ	2
		<u> </u>
nter new mailing address, if applicable:	1555 Palm Beach Lakes Boulevard	2:1
Mailing address MAY BE A POST OFFICE BOX)	Suite 1510	
	W . D I D . 1 F122461	
	West Palm Beach, Fl 33401	
gent and/or the new registered office address here:		e of the new regis
		e of the new regis
gent and/or the new registered office address here:		e of the new regis
	ice address on our records, enter the nam	e of the new regist

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		,	☐ Change
			□Add
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			□ Remove
			🗀 Add
			□Remove
			□Change

Road, Palm Beach, 33480.			
			100
			
		<u> </u>	
ective date, if other than the date of filin	g:	(0	optional)
effective date is listed, the date must be specific and e: If the date inserted in this block does not ument's effective date on the Department of S	meet the applicable sta	of filing or more than 90 days tutory filing requirements	after filing.) Pursuant to 605.02 , this date will not be listed :
cord specifies a delayed effective date, but not sfiled.	t an effective time, at	2:01 a.m. on the earlier o	f: (b) The 90th day after th
ed April 17	2020		
	100		

Typed or printed name of signee