

4/26/2016

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : I20040000149
Phone : (561)478-1777
Fax Number : (561)478-0567

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APOSTLE'S OAK, LLC**

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LLC H16000103626 3)))

APR 27 2016

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Corporate Filing Menu

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((H16000103626 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APOSTLE'S OAK, 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 04/20/2011 and assigned
Florida document number L11000047621

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13180 SOUTHFIELDS RD

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33414

Enter new mailing address, if applicable:

13180 SOUTHFIELDS RD

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33414

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MICHAEL T GALVAN

New Registered Office Address:

13180 SOUTHFIELDS RD

Enter Florida street address

WEST PALM BEACH

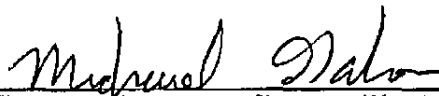
Florida 33414

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

((H16000103626 3)))

(((H16000103626 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability

Company is: CHANGE "Principal office address" to: 13180 Southfields Road, West Palm Beach, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: CHANGE "The name and

the Florida street address of the registered agent" to: Michael T Galvan, 13180 Southfields Road,

West Palm Beach, FL 33414

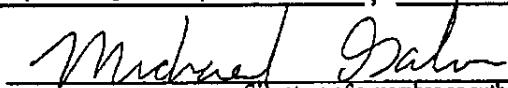
ARTICLE IV: Manager(s) or Managing Member(s): The name and address of each Manager or

Managing Member is as follows: CHANGE "Title" to: AMBR and CHANGE "Name and Address" to:

13180 Southfields Road, West Palm Beach, FL 33414

FILED
16 APR 26 AM 8:56
SECRETARY OF STATE
FLORIDA**E. Effective date, if other than the date of filing: _____ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.Dated 4-26-16

Signature of a member or authorized representative of a member

MICHAEL T GALVAN

Typed or printed name of signee

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARBARA ANN BATES	8901 KENDALE PLACE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL T GALVAN	13180 SOUTHFIELDS RD	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 APR 10 10:30 AM
SECURITY OF STATE
TALLAHASSEE, FLORIDA

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