11200022863

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17 NOV 20 MM 9: 02



COVER LETTER

TO: Registration Division of C			•
	EACH SKATE ZONE 2012, LLO		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	FRANK PANTALEO		
		Name of Person	
	PALM BEACH SK AT E Z	ONE 2012, LLC	
		Firm/Company	
	8125 LAKE WORTH RD		
		Address	· · · · · · · · · · · · · · · · · · ·
	LAKE WORTH, FL 33467	7	
		City/State and Zip Code	
	FRANK@AAIND.NET		
	E-mail address: (t	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	dt:	
DENISE PANTALEO		561 662-1308	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 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

PALM BEACH SKATE ZONE 2012,		
(Name of the Limited) (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi Florida document number L12000022863		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	FILED 17 NOV 20 AM SE EN TASSEE ST
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u>-</u>		rida
	Circ	ZiD 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>	<u>Name</u>	Address	Type of Action
AMBR	JAMES AND ANITA SOLOMON	8125 LAKE WORTH RD	□ Add
		LAKE WORTH, FL 33467	Remove
			Change
AMBR	AUSTIN PANTALEO	8125 LAKE WORTH RD	■ Add
		LAKE WORTH, FL 33467	□ Remove
			Change
AMBR	ALEX PANTALEO	8125 LAKE WORTH RD	Add
		LAKE WORTH, FL 33467	Remove
			☐ Change
AMBR	FRANK AND DENISE PANTALE	8125 LAKE WORTH RD	Add
		LAKE WORTH, Fl. 33467	☐ Remove
			Change
AMBR	DENISE PANTALEO	8125 LAKE WORTH RD	bb∧ □
		LAKE WORTH, FL 33467	■ Remove
AMBR	DENISE PANTALEO	8125 LAKE WORTH RD	
		LAKE WORTH, FL 33467	■ Remove
			Change

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Effective date, if other than t	he date of fili	ng:		(optional)	
(If an effective date is listed, the date) Note: If the date inserted in this						
document's effective date on the	Department of	f State's record	S.			
the record specifies a delay The 90th day after the r			ot an effectiv	ve time, at 12:	01 a.m. on the	earlier (
Dated		2017				
		0	-			
		(
	Signature of		• •			

Page 3 of 3

Filing Fee: \$25.00