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SECRETARY OF STATES
SECRETARY OF STATES

N. Culligan APR 30 2012

TO:	Registration S Division of Co			
SUBJE	ECT: [†]		Property Manageme	nt LLC
		Name of Lim	ited Liability Company	
1	<u>.</u>		144	ार अ र्थ
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
			Douglas Rhoads	
			Name of Person	
		Palm Beach	Island Property Manager	ment LLC
			Firm/Company	
			1406 Lake Bass Dr	
			Address	
		L	ake Worth FL 33461	
			City/State and Zip Code	
		E mail address:	ugrhoads12@aol.com to be used for future annual report	notification)
For fur		concerning this matter, please ouglas Rhoads	eall: at (561)	714-5553 _.
Name of Person		Are Gale & Da	vtime Telenhone Number	
		the following amount:		_
\$25	.00 Filing Fee	 ▼ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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		STREHT/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassec, FI	rporations ig e Center Circle	
A Book	* · · · · · · · ·	·.		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Palm Beach Island Property Management LLCSECRETARY OF STATES (Name of the Limited Liability Company as it now appears on our records) AHASSEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for	this Limited Liability Company we	re filed on	03/10/2012	and assigned
Florida document number	L12000033813			
This amendment is submitted to	amend the following:			
A. If amending name, enter th	e new name of the limited liability	company here	2:	
The new name must be distinguish "L.IC."	able and end with the words "Limited	Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices add	lress, if applicable:			
(Principal office address MUST	BE A STREET ADDRESS)			
	_			
Enter new mailing address, if a	pplicable:			
(Mailing address MAY BE A Po	-			
	_			
	d agent and/or registered office v registered office address here:	address on or	ur records, <u>enter tl</u>	ie name of the new
Name of New Register	ed Agent:			
New Registered Office	Address:	Ente	er Florida street addr	ess
	C	ity	, Florida	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 608, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Linda C Rhoads	1406 Lake Bass DR Lake Worth FL 33461	✓ Add ☐ Remove
			Add
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other informatio	n, enter change(s) here: (Attach additional sheets, if necessa	
			12 PR 27
 -		· · · · · · · · · · · · · · · · · · ·	R 27 PH 12: 43
Dated 09-20-/2	John Signat	ure of a member or authorized representative of a member	RIDA S
	Douglas	Rhoads Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00