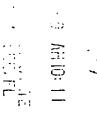
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# CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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#### **COVER LETTER**

TO: Registration Se Division of Cor			
4 1 1 Pm A PM 474783	RTER, LLC		
SUBJECT:	Name of Lim	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:	
	Derek A. Schwartz, Esq.		
•		Name of Person	
	Derek A. Schwartz, P.A.		
		Firm/Company	
	4755 Technology Way, Su	ite 205	
		Address	
	Boca Raton, Florida 33431		
		City/State and Zip Code	<del></del>
	derck@derekaschwartzpa.ce		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	ali:	
Derek A. Schwartz		561 981-8089 at ( )	
Name o	r Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records,)	
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:  New Registered Office Address:  Derek A. Schwartz, P.A.  4755 Technology Way, Suite 205  Enter Florida street address				
This amendment is submitted to amend the follo	amendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  cipal office address MUST BE A STREET ADDRESS)  Delray Beach, Florida 33483  The new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Derek A. Schwartz, P.A.  4755 Technology Way, Suite 205			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.I.,C."
Enter new principal offices address, if applic	able:	455 NE 5th Avenue		
(Principal office address MUST BE A STREE	t be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  cipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  Delray Beach, Florida 33483  ling address, if applicable:  as MAY BE A POST OFFICE BOX)			
		Delray Beach, Flori	da 33483	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		· · · <del></del>	·
				2
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office : ss here:	address on our reco	rds. <u>enter the na</u>	* 0.11
Name of New Registered Agent:	Derek A. Schw	vartz., P.A.	.,	
New Registered Office Address:	4755 Technolo	gy Way, Suite 205		
		Enter Florida	street address	
	Boca Raton		, Florida	33431
		City		Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

PRIVE PORTER LLC

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
MGR	Michelle Berk	455 NE 5th Avenue	
		D301	_
		Delray Beach, Florida 33483	(7.0)
AR	Jeffrey Berk	455 NE 5th Avenue	_
		D301	
		Delray Beach, Florida 33483	□Change
			□Add
			□Remove
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<del></del>			
			□Remove
			[]Chango

rather, Jeffrey Berk, prior	to this amendment, signed the filings in his capacity as the Authorized Representative	
of the company and of the	e member of the company.	
<del> </del>		
<u></u> <u></u>	·	
· · ·		
ective date, if other than t	the date of filing: (optional)	
te: If the date inserted in this	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 s block does not meet the applicable statutory filing requirements, this date will not be list.	.02 cd
ument's effective date on the	e Department of State's records.	
cord specifies a delayed effec	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	- th
s filed.	out of data and effective time, at 12.01 a.m. on the earlier of. (b) The 30m day and	
July 8	2021	
ed July 8		
UN M	<b>∼</b>	
	Signature of a member or authorized representative of a member	