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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
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(Document Number)	
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#### **COVER LETTER**

Division of Corpo	prations	•	
SUBJECT: Palm	Beach F	Light Club d Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Christina	Radloff Name of Person	
	Sotillo +	- Company C	CPA_
	6605 S	Dixie Hwy Address	Stc. 200
	West Palm	Beach FL 3 City/State and Zip Code	33405
	Christing E-mail address: (to	be used for future annual report notificat	ion)
For further information cor	ncerning this matter, please call	<b>l</b> :	
Christna Name of F	Radloff	at (500) 547- Area Code Daytime Te	5730elephone 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

TO:

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

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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida \_

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.

City

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 Type of Action Address Title Name Carrett Sotillo 11610 Aviation Boulevard DAD Palm Beach Gardens 33412 MRemove \_\_\_ Change Alpha Hotel LLC 6605 S Dixie Hwy DAdd West Palm. Beach FL 33405 \_\_\_\_\_ Change \_\_ \_\_ \_\_ □Add \_\_\_\_\_ Change □Add \_\_\_\_\_ Change

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an effe <u>Yote:</u> T	re date, if other than the date of filing:	605.0207 isted as
ocume	in 5 cheenve date on the Department of State 3 records.	
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at d.	fter the
	December 16. 2020.	
Dated_	,	
Dated_	Signature of a member or authorized representative of a member	ative

Filing Fee: \$25.00