## L13000/35438

(Re	questor's Name)	. <del></del>
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Da	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

FILED
2014 FEB 24 PM 1: 25

FEB 2 5 2013
T. HAMPTON

## **COVER LETTER**

	Division of Corporations	407 David DD 5 110
U <b>BJ</b> I	CT:	107 Beverly RD E LLC
		Name of Limited Liability Company
e en	closed Articles of Amendmen	t and fee(s) are submitted for filing.
ase	eturn all correspondence con	cerning this matter to the following:
		Adrian Brion
		Name of Person
		Form-A-Corp.com
		Firm/Company
		4440 PGA Blvd., Suite 308
		Address
	P	alm Beach Gardens, FL 33410
		City/State and Zip Code
		abrion@form-a-corp.com  E-mail address; (to be used for future annual report notification)
r furt	her information concerning th	•
	Adrian Brid	on <sub>at</sub> 561,935-4062
_	Name of Person	Area Code & Daytime Telephone Num

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

		y RD E LLC			
( <u>Name of the Limited</u> (A	Liability Compa	ny as it now appear	rs on our records.)		
(A	FIORIGA LIMITEG L	Diability Company)			
The Articles of Organization for this Limited L	ability Company	were filed on	09/25/2013		
Florida document number <u>L13000135438</u>	·			HEER HEER	T
This amendment is submitted to amend the following				and assigned assigned to the transfer of the t	127
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi			_	
Enter new principal offices address, if applic	able:	430 Ton	ey Penna FL 33458	Drive	
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 4	/		
		Jupiter,	FL 33458	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		430 Ton	ey Penna ] FL 33458	Drive	
(Mailing address MAY BE A POST OFFICE )	BOX)	Suite 4	1		
	<del></del>	Jupiter,	FL 33458		
B. If amending the registered agent and/or the new registered of		fice address on o			
Name of New Registered Agent:	Craig Willou	ughby			·
New Registered Office Address:	430 Toney	Penna Drive, S	<del></del>		
		Ent	er Florida street ad	dress	
	Jupiter		, Florida	33458	
		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 60% 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TJ JACK 6 LLC	7745 DAWSON COURT	Add
		LAKE WORTH, FL 33467	Remove
MGRM	Craig Willoughby	430 Toney Penna Drive, Suite	4 🗸 Add
		Jupiter, FL 33458	Remove
MGRM	Bryan Willoughby	430 Toney Penna Drive, Suite	4 📝 Add
		Jupiter, FL 33458	Remove
MGRM	Jason Willoughby	430 Toney Penna Drive, Suite	4 🔽 Add
		Jupiter, FL 33458	Remove
		ASE	Add
		SECRE FAR TO	24
		E E E E E E E E E E E E E E E E E E E	PA Add  Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	/
_	
Dated	October 24th, 2013
	Me la
	Signature of a member or authorized representative of a member
	Alan Bias
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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2014 FEB 24 PM 1: 25
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ORDINATE