(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MA	AIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status _			
Special Instructions to Filing Officer:			
J. HORNE			
JUL 18 2022			

Office Use Only



200381745772

2022 JUL 15 PH 4: 13

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2022 JUL 15 AM 11: 40

FLORIDA CAPITAL COURIER SERVICE	56, 1146
2330 CLARE DRIVE	
TALLAHASSEE, FL 3Ž309	•
(850) 524-5437	19 *
(850) 524-6243	
PLEASE USE FUNDS FROM THE ACCO	UNT: 120210000160 AMOUNT: \$55.00
AUTHORIZED SIGNATURE Que	
4894 PALM HILL DR LLC	L14000049398
BUSINESS	DOCUMENT #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
XCertified Copy of Articles of Organ	nization
X_Certified Copy of Articles of Organ	nization
- -	nization <u>AMMENDMENTS</u>
Certificate of Status NEW F1LINGS	<u>AMMENDMENTS</u>
Certificate of Status NEW FILINGS Profit	AMMENDMENTS _XAmendment
Certificate of Status NEW FILINGS Profit Not for Profit	<u>AMMENDMENTS</u>
Certificate of Status NEW FILINGS Profit	AMMENDMENTS _XAmendmentResignation of R.A. Officer/Director
Certificate of Status NEW F1LINGS Profit Not for Profit Limited Liability	AMMENDMENTS _XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication	AMMENDMENTS _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other CORP	AMMENDMENTS _XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMMENDMENTS _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other CORP OTHER FILINGS	AMMENDMENTS _XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other CORP	AMMENDMENTS _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation REGISTRATION/QUALIFICATIONS
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other CORP OTHER FILINGS	AMMENDMENTS _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation REGISTRATION/QUALIFICATIONSForeign filing
Certificate of Status NEW FILINGS Profit Not for Profit Limited Liability Domestication Other CORP OTHER FILINGS Annual Report	AMMENDMENTS _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation REGISTRATION/QUALIFICATIONSForeign filingLimited Partnership

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: \$55.00 AUTHORIZED SIGNATURE Que Futo L14000049398 4894 PALM HILL DR LLC **BUSINESS DOCUMENT #** Pick up time____ Walk in Will wait Mail out Photocopy X Certified Copy of Articles of Organization Certificate of Status **AMMENDMENTS NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other ___Conversion CORP Revocation REGISTRATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other ____APOSTILLE () Country

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Se Division of Cor			
	4894 PALM	HILL DR LLC		
SUBJE	ECT:	Name of Limi	ted Liability Company	<u></u> .
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Carmen Sanz		
			Name of Person	<u></u>
		4894 PALM HILL DR LLC		
		<u> </u>	Firm/Company	
		4894 PALM HILL DR		
			Address	
		WEST PALM BEACH, FL	, 33415	
		jlizano@aionrecov	City/State and Zip Code ery.com	
		E-mail address: (1	to be used for future annual report no	tification)
For fur	ther information o	oncerning this matter, please or	all:	
CARM	IEN SANZ		561 901-0220	
			at ()	ne Telephone Number
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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 FILED **OF**

2022 JUL 15 AM 11: 40

4894 PALM HILL DR LLC	SECRETARY OF SIME
(Name of the Limited Liability Company (A Florida Limited Liab	SECRETARY OF SIAL. as it now appears on our records. DSEE, TELLER illity Company)
e Articles of Organization for this Limited Liability Company we	ere filed on and assigned
rida document number	
nda document number	
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabilit	y company here:
new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS	
-	
ter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
ailing address MAY BE A POST OFFICE BOX)	
-	
If amending the registered agent and/or registered office add	dress on our records, <u>enter the name of the new registe</u>
ent and/or the new registered office address here:	
 -	
Name of New Registered Agent:	
Name Bandatanad Office Address	
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code

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 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	Jesus Lizano	4892 Palm Hill Dr West Palm Beach Fl 33415	⊟Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			DAdd
			П Rетточе
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			□Remove
			☐ Change

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man is by the it is	07/14		(or	tional)	
Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the	applicable statutory	or more than 90 days at filling requirements, t	ther filing.) Pursuant to 605.02 his date will not be listed	207 (3 ₎ Las the
he record specifies a delayed effec ord is filed.	tive date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after the	he
July 14	2022				
Dated	erain	··			
<u> </u>	Signature of a member of	or nuthorized supercont	ative of a member		
	Signature of a member of	or annorized represent	anne or a member		
Carmen Sanz					

Filing Fee: \$25.00

COVER LETTER

TO:	Registration Se Division of Cor			
	4894 PALM	HILL DR LLC		
SUBJ	ECT;	N	and Linkillian Communication	
		Name of Limi	ted Liability Company	
The er	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Carmen Sanz		
			Name of Person	
		4894 PALM HILL DR LLC		
			Firm/Company	
		4894 PALM HILL DR		
			Address	
		WEST PALM BEACH, FL	, 33415	
		jlizano@aionrecov	City/State and Zip Code ery.com	
		E-mail address: (to be used for future annual report notifi	ication)
For fu	rther information c	oncerning this matter, please ca	ıll:	
CARN	ÆN SANZ		561 901-0220	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for the	ne following amount:		
□ \$2	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

K. K.

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