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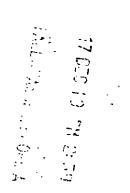
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## **COVER LETTER**

240 LLC. <b>SUBJECT:</b>							
	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:					
	Arthur B. D'Almeida						
	<del>-</del>	Name of Person					
	Arthur B. D'Almeida, P.A.						
		Firm/Company	<del></del>				
	105 E. Palmetto Park Road	i					
		Address					
	Boca Raton, FL 33432						
	<del></del>	City/State and Zip Code					
	boydsmccordinc@aol.com						
	E-mail address: (	to be used for future annual report noti	fication)				
For further information c	oncerning this matter, please ca	all:					
Arthur D'Almeida		561 368-4674					
Name o	f Person	at () Area Code Daytim	e Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	S30.00 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** 

TO:

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

240 LLC.						
( <u>Name of the Limited Liabil</u> (A Florid	ity Company a a Limited Liabi	s it now appears on our re lity Company)	ecords.)			
The Articles of Organization for this Limited Liability C	Company wer	e filed on March 31, 20	and assigned			
lorida document number L14000053883						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the lim	ited liability	company here:				
240 Holdings, LLC			د			
he new name must be distinguishable and contain the words "Lim	nited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  ganization for this Limited Liability Company were filed on L14000053883  submitted to amend the following:  ame, enter the new name of the limited liability company here:  c distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC" on the abbreviation LLC" on the abbreviation and offices address, if applicable:  240 NE 6th Avenue  Boynton Beach, FL 33435  g address, if applicable:  MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:  New Registered Agent:  Thomas McCord					
Principal office address MUST BE A STREET ADDI	RESS)	oynton Beach, FL 33435	7,7 0			
nter new mailing address, if applicable:	24	40 NE 6th Avenue	C ON			
Mailing address MAY BE A POST OFFICE BOX)	В	Boynton Beach, FL 33435				
. If amending the registered agent and/or regisegistered agent and/or the new registered office add		address on our rec	ords, enter the name of the			
Name of New Registered Agent: Thom	nas McCord	-				
New Registered Office Address: 240 N	IE 6th Avenue					
		Enter Florida street ac	ddress			
Boyn			Florida <sup>33435</sup>			
		Cuy	Zip Code			

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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

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Typed or printed name of signee

Filing Fee: \$25.00