

L14000139994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

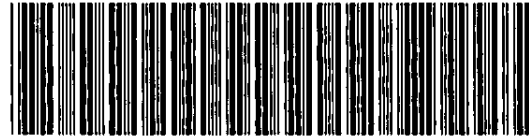
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265707693

10/27/14--01026--007 **25.00

2014 OCT 27 P 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK

OCT 29 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6326 DUVAL DRIVE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORBY KAYE
Name of Person
Firm/Company
2118 CHAGALL CIR
Address
WEST PALM BEACH, FL 33409
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

FILED
2014 OCT 27 P 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RUSSELL STERN at (**954**) **614-6292**
Name of Person Area Code Daytime Telephone 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
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**

6326 DUVAL DRIVE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/04/14 and assigned Florida document number L14000139994.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2118 CHAGALL CIR
WEST PALM BEACH
FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2118 CHAGALL CIR
WEST PALM BEACH
FL 33409

FILED
2014 OCT 21 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CORBY KAYE

New Registered Office Address:

2188 CHAGALL CIR

Enter Florida street address

WEST PALM BEACH

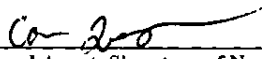
City

Florida 33409

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORBY KAYE	2118 CHAGALL CIR	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
MGR	HELEN OLIVEIRA	642 MICHIGAN AVE #24	<input type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2011 03 27 3:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____



Signature of a member or authorized representative of a member

HELEN OLIVEIRA

Typed or printed name of signee

2014 OCT 27 P 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED