# LI500008008002

(Requesto	r's Name)		
(Address)			
(Address)			
(City/State	/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT:	Permanent 1-1 ako up by Kelly Name of Limited Liability Company	
The enclosed Articles of Ame	nendment and fee(s) are submitted for filing.	•
Please return all corresponde	ence concerning this matter to the following:	
	Kelly Schreek. Name of Person	-
	Firm/Company	
	12707 PINEACKE LN Address	
	City/State and Zip Code	
-	Kelly E. Palm beach Skin wolls, can Esta & Brail address: (to be used for future annual report notification)	عد
For further information conc	terming this matter, please call:	1
Kelly Se	at (5(1) 985 (7090 Properties of the Area Code Daytime Telephone Number 1985 (7090 Properties Of the Area Code Daytime Telepho	
Enclosed is a check for the fo	<b>/</b>	'ت
□ \$25.00 Filing Fee A	\$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  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**

Permanent Ma	Keys by Kelly KLE					
(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 and assigned					
Florida document number						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
Palm Brach Sland wo The new name must be distinguishable and contain the words "Limited Liabili						
Enter new principal offices address, if applicable:	4881 PGA BIUD					
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach Gordon & Fl					
	33419					
Enter new mailing address, if applicable:	1001 DCA 9 110					
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gooden's FL					
	33418					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here						
Name of New Registered Agent:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
New Registered Office Address:	Enter Florida street address					
	Florida SE					
	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 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 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
MAS	Kelly Schrock	4881 PGA BND	
	9	Palm Beach Sendens FL 33418	□ Remove
		1 12 33110	Change
			Add
			□ Remove
			Change
		<del></del>	□ Remove
		<del></del>	Change
		<del></del>	DAJd
			TATIFIC TULL AH / COLOR Change
			AHASSEE FLORING REGION
			Change
			🗆 Add
			□ Remove
			🗆 Change

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	2: 42 0KH0)A
	,
Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional) nan 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be listed as t
·	
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated July 17, 2018.  Signature of a member or authorized representative of a	
of School	
Signature of a member or authorized representative of a	member
Kelly Schreel Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00