# 1500582

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 3	Status
Special Instructions	to Filing Officer:	
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# COVER LETTER

·> ( James

TO:	Registration Sect Division of Corpe					
SUBJE	CT:	Bond P	nealty Holdi.	ngs, LLC		
		Name of Lim	ited Liability Company	J		
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspond	dence concerning this matter	to the following:			
			Kimberly	Bond		
		-	Name of Person	<u> </u>	- せの <b>は</b>	
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			Firm/Company		宝宝 2	=
			P.U. Box  Address  V. Palm Bch, P  City/State and Zip Code	3993	NOV 23 PN 4:56	ED
			Address		記する	
		V	V. Palm Bch, A	-L 3340	25 5	
			City/State and Zip Code		-	
		E-mail address: (	to be used for future annual rep	ort notification)		
For furt	her information cor	ncerning this matter, please ca	all:			
	k ·	ha.1 . 17 .	<i>-</i>	702 - 41	1) 20	
	Name of I	berly Bond Person	at ( ) b   Area Code	Daytime Telephone Number	<u>0 29</u> er	
		1		•		ı į
Enclose	d 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 enclose	Certific Certifie	riling Fee, atte of Status & d Copy on al 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

(Name of the Limited Liability (A Florida I	healty Hold	ings, LLC
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	9 / 11 / 15 and assigned
rincipal office address MUST BE A STREET ADDRESS)  Iter new mailing address, if applicable:    ailing address MAY BE A POST OFFICE BOX   If amending the registered agent and/or registered office address on our records, enter-the-fiame of the new		
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :
Enter new principal offices address, if applicable:		esignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		SECRIPATION NO.
(Mailing address MAY BE A POST OFFICE BOX)		
	•	구, 골 🖰
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter the fiame of the ne
Name of New Registered Agent:	······	
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	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
MGR	Kahlil Bond	P.O. BOX 3983	M Add
		P.O. BOX 3983 W. Palm Beach, FL 3340	2 Remove
			Change
		-	Add
			☐ Remove
			Change
			Add  Add  Remove  Change
			GA C. ST. ST. Add
			☐ Remove
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	effective date on the			·				
	specifies a delayed the re			an effective t	ime, at 12:01	a.m. on	tne e	arlier
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ated	November							
ated	November		K	Ð 1				
ated	November	Signature of:	a member or author	/ B J	of a member			
ated	November	Signature of a	a member or author  Kimberly  Typed or printed	ized representative	of a member			_

Page 3 of 3

Filing Fee: \$25.00