L15000211213

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States Liph Holle II)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

	∢ sistration Section ision of Corpo					
SUBJECT:	Patricks Place	ce 3, LLC				
SUBJECT		Name of I	Limited Liability	Company		
The enclosed	l Articles of Ar	mendment and fee(s) are s	submitted for fi	ling.		
Please return	all correspond	ence concerning this mat	ter to the follow	ving:		
		Jacqueline Shay				
			Name	of Person		-
		Patricks Place 3, LLC	;			
			Firm/0	Company	.,	-
		1900 South Ocean Boul	levard, Unit 6S			
•			Ad	ldress		-
		Lauderdale By The Sea	ı, Fl., 33062			
				and Zip Code	4. 0	-
		jackiehsay@live.com	JACK is	Shay @	LIVE COM	\$ 4/6/18
For further in	nformation con	cerning this matter, please		ratare aintiar report	nonneacony	U
Jacqueline	Shay		at (954, 90	1-1345 ytime Telephone Numbe	
	Name of P	erson	Λ	rea Code Day	ytime Telephone Numbe	r
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certi	D Filing Fee & fied Copy (onal copy is enclosed)	Certified	ite of Status &

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

Patrick's Place 3, LLC (Name of the Limi	ted Liability Company as it now appears	on our records)
(Exame of the France)	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.
The Articles of Organization for this Limited L	iability Company were filed on 12/2	1/2015 and assigned
Florida document number L15000211213	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation " C." > 9
Enter new principal offices address, if applic	eable:	AP:
(Principal office address MUST BE A STREI	ET ADDRESS)	TAR TAS
•		- 1)
Enter new mailing address, if applicable:		STAT LORI
(Mailing address MAY BE A POST OFFICE	BOX)	St 5m
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Jacqueline Shay	***************************************
New Registered Office Address:	fice Address: 1900 South Ocean Blvd., Unit 6S	
	Enter Florio	a street address
	Lauderdale By The Sea	Florida ³³⁰⁶²
	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.

Changing Registered Agent, Signature of New Registered Agent

Rage 1 of 3

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
AMBR	Deborah J.Coleman	1900 South Ocean Blvd, 6S	_ A dd
		Lauderdale By The Sea, Fl., 330	☐ Remove
			Change
	***************************************		□ Add
			☐ Remove
			☐ Change
•			□ Add
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			Remove
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ective date. if other th	an the date of filing:		(optional)
effective date is listed, the	date must be specific and cannot b	e prior to date of filing or more than	90 days after filing.) Pursuant to 605 rements, this date will not be liste
	n the Department of State's re		tements, this date will not be fiste
record specifies a d he 90th day after ti		ut not an effective time, a	at 12:01 a.m. on the earlie
April ed	2018		
	· -	·0 /	
	1 // -	I //	

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Typed or printed name of signee

Filing Fee: \$25.00