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PICK-UP	WAIT	MAIL
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COVER LETTER

	ion Section of Corporations
PALI SUBJECT:	M BEACH DOCUMENTS SERVICES LLC
Sobsect.	Name of Limited Liability Company
	eles of Amendment and fee(s) are submitted for filing. strespondence concerning this matter to the following:
	GLORIA I TORRES
	Name of Person
	PALM BEACH DOCUMENTS SERVICES LLC
	Firm/Company
	4171 LOGAN CIRCLE
	Address
	LAKE WORTH, FLORIDA 33463
	City/State and Zip Code
	palmbeachdocuments@gmail.com
For further informa	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:
GLORIA I TORR	ES 561 727-0874
	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
□ \$25.00 Filing F	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, 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

PALM BEACH DOCUMENTS SERVICES LLC

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

(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company was Florida document number	vere filed on 03/23/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	ž	
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or	gree to comply with the familid with and r, if this document is

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>	Name	Address	Type of Action
AMBR	GUERLY ADONIS	3812 Heather Dr W,	■ Add
		Greenacres, Fl. 33463	☐ Remove
		***************************************	☐ Change
MGR	JAIME TORRES	4171 Logan Circle	□ Add
		Lake Worth, Fi 33463	_ ■ Remove
			□ Change
MGR	GUERLY ADONIS	3812 Heather Dr W,	
		Greenacres, Fl. 33463	☐ Remove
			☐ Change
			Remove Change Change
			□ Remove
			☐ Remove
			Change

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Filing Fee: \$25.00