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## **COVER LETTER**

	Registration Se Division of Co			
end ne		ACH DOCUMENTS SERVIC	ES LLC	
SUBJEC	J1;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Gloria I Torres		
			Name of Person	
		PALM BEACH DOCUM	ENTS SERVICES LLC	ي ا
			Firm/Company	
		4171 Logan Circle		ş
			Address	
		Lake Worth Florida, 3346	33	
			City/State and Zip Code	
		palmbeachdocuments@gma		
For furth	er information c	E-mail address: ( concerning this matter, please concerning	to be used for future annual report notif	lication)
		concerning this matter, pieuse es		
Gloria I Torres		561 727-0874 at ()		
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for t	he following amount:		
☐ \$25,0	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)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000059152}{L16000059152}$ .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		<u>-</u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	3900 Woodlake Boulevard, Suite 207 B	7
(Principal office address MUST BE A STREET ADDRESS)	Greenacres, Florida 33463	တ် 🖂
		Arthur Ar
		**************************************
Enter new mailing address, if applicable:		Memory 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ne name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	2: 6 !
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gloria I Torres	4171 Logan Circle	≅ Add
		Lake Worth, Florida 33463	□ Remove
			Change
			□Rèmove
			Change
			□ Aðd:
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ective date, if other than the date of filing effective date is listed, the date must be specific and	;	ate of filing or more than	(optional)	iant to 605.02
e: If the date inserted in this block does not m ument's effective date on the Department of St	eet the applicable	statutory filing require	ements, this date will n	ot be listed a
·				
record specifies a delayed effective da he 90th day after the record is filed.	ate, but not ar	n effective time, a	t 12:01 a.m. on th	ne earlier
May 23	2016			
ed May 23 ,				
	1-1-	d representative of a mer		

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Filing Fee: \$25.00