Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000394028 3)))



	H210003940283ABC\$	
ote: DO	NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	-
To:	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : RABIDEAU KLEIN Account Number : I20200000035 Phone : (561)655-6221 Fax Number : (561)655-3221	
an	the email address for this business entity to be used for future inual report mailings. Enter only one email address please.** mail Address: DKLEIMORABIDEARKI	IN INC.
L	LC AMND/RESTATE/CORRECT OR M/MG RESIGN GLORIA RODRIGUEZ-ALLSUP, LLC	2 幅12:
	Certificate of Status 0	12: 53
	Certified Copy 0	

Page Count

Estimated Charge

05 \$25.00

COVER LETTER

	gistration Servision of Corp		•	
		ODRIGUEZ-ALLSUP, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter (to the following:	
		David E. Klein		
			Name of Person	
		RABIDEAU KLEIN		
			Firm/Company	
		440 ROYAL PALM WAY	, SUITE 101	
			Addiess	
		PALM BEACH, FL 33480	r	
			City/State and Zip Code	·
		DKLEIN@RABIDEAUKL		
		E-mail address: (1	to be used for future annual report noti-	fication)
For further	information c	oncerning this matter, please ca	all:	
GARRETT	r ellis		561 655-6221 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	he following amount:		
≘ \$ 25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	***
	egistration (Section Corporations	Registration Se Division of Cor	
	0 D (20		The Centre of T	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) liability Company)	· · · · · · · · · · · · · · · · · · ·		
were filed on 03/29/2016	and assigned		
ility company here:			
lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
801 S. OLIVE AVENUE, UNIT 412			
WEST PALM BEACH, FL 33401			
	22 28		
	210 A.C.S.		
	2 7		
	72		
	i i D		
address on our records, enter the na	me of the new registered		
	8		
· · · · · · · · · · · · · · · · · · ·			
Enter Florida street address			
THEN I INITIAL 21, EAS AMPLESS			
, Florida	Zip Code		
	ility company here: ity Company," the designation "LLC" or the 801 S. OLIVE AVENUE, UNIT 412 WEST PALM BEACH, FL 33401 Address on our records, enter the management of the		

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.

Change

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 = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			□Change
			Remove
			Change
		CRemove	Remove
			Change
			□Add
		.	□Remove
			Change
		<u></u>	
			□Remove

					
	· <u> </u>				
		·			
			<u> </u>		<u> </u>
			<u>-</u>		
				<u> </u>	
<u></u>			· · · · · · · · · · · · · · · · · · ·		-
	·				
<u> </u>					_
					
ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this blococument's effective date on the Dep	e specific and cann k does not meet i	iot be prior to da the applicable	te of filing or more to statutory filing rea	options nan 90 days after fili quirements, this da	ng.) Pursuant to 605.020
record specifies a delayed effective of its filed.	late, but not en e	ffective time,	at 12:01 a.m. on ti	ne earlier of: (b)	The 90th day after th
OCTOBER 22	20	021			
<u> </u>	-		\supset		
1			- 1		
	ananina of a mem	her or authorize	d representative of a	member	

Filing Fee: \$25.00