LILOUDO87027

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Div	ision of Corpo	porations	
SUBJECT:	OPEN MIND	D PALM BEACH, LLC	
		Name of Limited Liability Company	
The enclosed	Articles of Ar	Amendment and fee(s) are submitted for filing.	
Please return	all correspond	dence concerning this matter to the following:	
		Louis L. Hamby III	
		Name of Person	
		Alley Maass Rogers & Lindsay PA	
		Firm/Company	
		340 Royal Poinciana Way, Suite 321	
		Address	
		Palm Beach, FL 33480	
		City/State and Zip Code	
		crush@amrl.com	
		E-mail address: (to be used for future annual report notification)	
For further in	formation con	ncerning this matter, please call:	
Cindy Rush		561 659-1770 at ()	
	Name of P	Person Area Code Daytime Telephone Number	200
Enclosed is a	check for the	e following amount:	
☐ \$25.00 F	iling Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &

MAILING ADDRESS:

Registration Section

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

OPEN MIND PALM BEACH, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Liability Comparing L16000087027	any were filed on May 3, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
OPEN MINDS PALM BEACH, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	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 on our records	Pos Signature To the nev
registered agent and/or the new registered office address h		Tip >
		SSE 3
Name of New Registered Agent:		
New Registered Office Address:	r . rl . l	t: t
	Enter Florida street address	5
	, Flori	
	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
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ffective date, if other than t	he date of filing:	660	(optional)	D (05.02
ote: If the date inserted in this	block does not meet the applicat	ole statutory filing requ	in 90 days after filing.)	will not be listed a
ocument's effective date on the	Department of State's records.			
e record specifies a delay	red effective date, but not	an effective time,	at 12:01 a.m. o	on the earlier
The 90th day after the r	ecord is filed.			
May 12	, 2016			
acca	Louis L Hon	-· /		
	1 our L Hou	14 /4		

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Typed or printed name of signee

Filing Fee: \$25.00