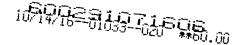
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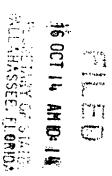
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 8880 ROYAL PALM OFFICE OWNER LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAUREEN BOKZAM Name of Person
8880 ROYAL PALM OFFICE OWNER LIC
8230 BANPO BOLIDGE WAY
DELRAY BEACH FL 33446  City/State and Zip Code  Mike Offhbi, Lom  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lamberto Roscioli at (954) 868-1095  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

8880 KOYAL 1	ALM OFFICE	OWNER LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	<u>r records.</u> )
The Articles of Organization for this Limited Liability Company	were filed on SEPT	23, 2016 and assigned
Florida document number <u>L16 000 177 907</u> .	***************************************	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		#6
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		Ti-c y
		70.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	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>	Name	Address Type of Action					
AMBR	PALM OFFICE DEVELOPMENT LLC	8230 BANPO BRIDGE WAY (Add)					
	DEVELOPMENT LLC	PELRAY BEACH FC 3344C Remove					
		Change					
		Remove					
		Change					
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		elayed effectivne record is file		ut not an e	effective tim	ne, at 12:0	1 a.m. on tl	ne earlier o
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		A ///54						
_		Signature	of a member of	of authorized r	epresentative of	a member		<u>_</u>

Page 3 of 3

Filing Fee: \$25.00