

From: Bailey Kalel
1/12/22, 10:19 AM

Fax: 15617132084

To:

Fax: (850) 617-6383

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01/12/2022 10:35 AM

L16 000188725

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I2000000210
Phone : (561)746-1002
Fax Number : (561)775-0270

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bkelel@jhrjpa.com

2022 JAN 12 AM 10:17

SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAIRADICE PALMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JAN 13 2021
A. LUNT

2022 JAN 12 PM 1:26

ALL AMENDMENTS TO BE FILED WITH THE SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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PAIRADICE PALMS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/12/2016 and assigned
Florida document number L16000188725

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

110 Detroit Street

Lake Worth Beach, FL 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 Detroit Street

Lake Worth Beach, FL 33461

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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DocuSign Envelope ID: E5FE8CAF-1FF6-40F7-A696-482F1CEED1D9

If amending authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MB	John R. Isaacks	110 Detriot Street, Apt #4,	<input type="checkbox"/> Add
		Lake Worth, Florida 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John R. Isaacks	110 Detriot Street, Apt #4,	<input type="checkbox"/> Add
		Lake Worth, Florida 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vicky Frey	110 Detriot Street	<input checked="" type="checkbox"/> Add
		Lake Worth Beach, Florida 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Filing Fee: \$25.00