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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : Il9990000255 : (561)844-3700

: (561)844-2388 Fax Number

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

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8688 SE ANTIONE WAY, LLC

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AUG 1 4 2019

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

8688 SE ANTIONE WAY, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 10, 11, 11, 12, 14, 14, 15, 16, 16, 10, 10, 11, 12, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	24/2016 and assigned
Florida document number L16000195274	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company be	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 2
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>```````````````````````````````</u>
B. If amouding the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Flori	rida street address
	, Florida
City	Zip Code

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

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
Trustee	THE LEONARD F. SCHUL2, JR RUTA AGREEMENT	9425 HOWELL LANE	D Add
		PALM BEACH GARDENS, FL 33418	■ Remove
			☐ Change
MGR	LEONARD F. SCHULZ, JR.	9425 HOWELL LANE	⊟ ∧dd
		PALM BEACH GARDENS, FL 33418	☐ Remove
			□ Change
MGR KEVIN W. MARANVILLE	KEVIN W. MARANVILLE	2065 N. WATERWAY DRIVE	20 Add   9
		NORTH PALM BEACH, FL 33408	
		. ယ း 	
			D Add r∑
			□ Rcmove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

Page 2 of 3

(b) The 90th day after the record is filed.

Dated AUGUST 12 2019 Signature of a member or authorized representative of a member LEONARD F. SCHULZ, JR. Typed or printed name of signee

Page 3 of 3

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