

L16000208485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

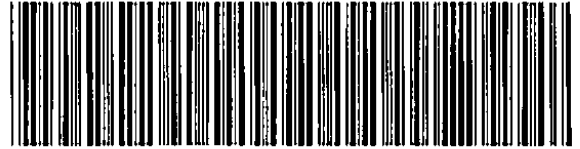
(Business Entity Name)

(Document Number)

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2020 NOV 16 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FL

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DEC 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9935 Palomino Dr, 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:

Radosveta Rizzo
Name of Person
9935 Palomino Dr, LLC
Firm/Company
1730 S. Federal Highway #309
Address
Delray Beach, FL 33483
City/State and Zip Code
joy.rizzo@usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radosveta Rizzo 561 2892585
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION FILED
OF

2020 NOV 16 AM 10: 53

9935 Palomino Dr. LLC

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

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/14/2016 and assigned Florida document number L16000208485

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 "L.L.C."

Enter new principal offices address, if applicable: 9935 Palomino Dr
(Principal office address MUST BE A STREET ADDRESS) Lake Worth, FL 33467

Enter new mailing address, if applicable: 1730 S Federal Highway #309
(Mailing address MAY BE A POST OFFICE BOX) Delray Beach, FL 33483

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: Radosveta Rizzo

New Registered Office Address: 50 East Rd
Enter Florida street address
Delray Beach, Florida 33483
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.

Radosveta Rizzo
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 or removed from our records:

MGR = Manager
AMBR = Authorized Member

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u> 2020 NOV 16 AM 10:53	<u>Type of Act</u>
MGR	Mark DeSimone	340 Palmetto Park Rd TALLAHASSEE, FL Unit 301B Boca Raton, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11-10-20

Radosueta Rizzo
Signature of a member or authorized representative of a member

RADOSUETA RIZZO

Typed or printed name of signee

Filing Fee: \$25.00