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4AR 28 2017 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor		· ·	
SUBJECT: THE LA		TAMES HOGAN ited Liability Company	PUC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAMES	HOGAW Name of Person	
	THE LAW OF	TCE of JAME Firm/Company	IS HOGAN PLLC
	819 8th	LAUE Address	
	PALM BEAC	City/State and Zip Code	2,33418
	DHOGAN E-mail address: (1146 GMAIL. to be used for future annual report notific	cation)
For further information co	oncerning this matter, please co	all:	
SAMES Name of	HGAN Person	at (56) 762 Area Code Daytime	Z-2846 Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number	~ 1	117 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:	4400 PGA	BLVD	-
(Principal office address MUST BE A STREET ADDRESS)	PALM ROXCH	SARDENS, FZ., 3.	34/0
Enter new mailing address, if applicable:	4400 PGA	BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 62 PALMEDICHE	XADOUS,FZ., 334	10
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		cords, enter the name of the n	<u>iew</u>
Name of New Registered Agent:			-
New Registered Office Address:			
	Enter Florida street	address	
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	•	гір Спае	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity performance of my duti provided for in Chapter address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is m that the limited liability	he A
If Cha	nging Registered Agent, <u>Sign</u>	ature 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** □ Add ☐ Remove _□ Change _□ Add _□ Remove _ Change _D Add □ Remove _ Change _□ Add _□ Remove ☐ Change □ Add _□ Remotve ☐ Change ب**به** Ad _□ Remove _□ Change

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ote:	tive date, if other than the date of filing:	505.0207 isted as
e re The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ease 90th day after the record is filed.	rlier of
atec	March 21, 2017	17 !
	, , , , , , , , , , , , , , , , , , ,	
	Signature of member or authorized representative of a member	HAR 2
	Sames Hosan	AR 27 PM

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Filing Fee: \$25.00