L17000063165

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	=====================================
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SECRETARY OF STATE

K. SALY
JUN - 9 2017

		, "	COVER LETTER	
то:	Registration Sect Division of Corpo	prations	Palen, LLC	· }
SUBJE	ЕСТ:	chivis	Palen, LLC	<u>. </u>
		Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	dence concerning this matter t	o the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
			Chyrotate and mp code	
		E-mail address: (to	be used for future annual report notifi	ication)
For furt	ther information con	cerning this matter, please ca	li:	
	Elvis	Palen	21 (786) 400	4102
	Name of P	erson	Area Cotte Daytime	Telephone Number
	ed is a check for the	١ / ١		
□ \$25	5.00 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

FILED

2017 JUN-8 PM 3: 26

SECRETARY OF STATE
ALLAHASSEE, FI DOUB

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

(A Florida Limited Liability Company)

	TAMASSER STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as if now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1/700063165.	02/20/17
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7290 NW 1st # 204 Margate, FL 33063-7509
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	Same as above.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = N AMBR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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Filing Fee: \$25.00