L1700007765

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S. WARREN JUN 2 6 2017

COVER LETTER

Division of Cor	porations		
PALM WA			
		ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matthew P. Flores		
		Name of Person	
	Law Office of Matthew P.	Flores	
		Firm/Company	
	9130 Galleria Court, Suite	105	
	· · ·	Address	
	Naples, Florida 34109		
		City/State and Zip Code	
	mflores@northnapleslaw.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Matthew Flores		239 451-4787	
Name of Person Area Code Da		at () Area Code Daytime	Telephone Number
Enclosed is a check for th	o fallowing 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:

TO:

Registration Section

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

PALM WASH, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .aability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.17000077655}{1.17000077655}$	were filed on April 6, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1466 COUNTRY WOOD DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	DAYTON, OH 45440	
Enter new mailing address, if applicable:	1466 COUNTRY WOOD DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	DAYTON, OH 45440	
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:		er the name of th
	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 against 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

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 Type of Action <u>Title</u> Name. <u>Address</u> _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove Change Remove

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tive date,	is risted, the date t			ble statutory filing	requirements, t	his date w	vill not be list
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Filing Fee: \$25.00

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