

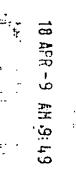
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Palm Bea	CM WAS	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mabe	V. Merdez Name of Person	-
	Palm (Firm/Company	PS LLC
	2833	Westgate a	Ve.
	_ West	City/State and Zip Code	SFL 33409
	E-mail address: (to be used for future annual report notific	etmail. Com
For further information con	ncerning this matter, please ca	all:	
Mawe of	Mende Z Person	at (501) 294 Area Code Daytime	- 7865 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OU/14/2017 and assigned Florida document number L1700084056. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state becoment's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 6 story filing requirements, this date will not be li	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00