

L17 000090365

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

MAY 10 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLARITY OF THE PALM BEACHES 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:

Kristine Polo

Name of Person

Smyth & Hauck, PA

Firm/Company

631 U.S. Hwy 1, Ste 411

Address

North Palm Beach, FL 33408

City/State and Zip Code

kristine@smythhauckcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENE SULLIVAN

at (908) 432-9705

Name of Person

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CLARITY OF THE PALM BEACHES LLC

(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 04/15/2017 and assigned  
Florida document number L17000090365.

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)

PO BOX 15710

WEST PALM BEACH, FL 33416

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:

Smyth & Hauck

KESTINE POLO

New Registered Office Address:

631 US Hwy 1, Ste 411

Enter Florida street address

North Palm Beach

, Florida 33408

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.*

Kestine Polo

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Moshe Dunoff	11370 Twelve Oaks Way Unit 312	<input type="checkbox"/> Add
		North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHAIM COLEN	21444 HARPEN AVENUE STREET	<input type="checkbox"/> Add
		ST. CLAIR SHORES, MI 48080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAIM COLEN	21444 HARPEN AVENUE STREET	<input checked="" type="checkbox"/> Add
		ST. CLAIR SHORES, MI 48080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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1

**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.

Dated May 4, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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